

BEFORE THE REGISTRAR, TELANGANA STATE DENTAL COUNCIL, HYDERABAD.

AFFIDAVIT

I, Dr. _____ son/daughter of Shri _____ aged _____ years,
resident of _____
(Complete Residential Address). do hereby solemnly and sincerely affirm and state an oath as follows:

1. That I have studied MDS in _____ College, and passed out from _____ University, in the month of _____ (Month & Year). Since then, **I practiced dentistry only as a general dentist and not as _____ (Mention your speciality). I further state that I have not registered my name as a specialist in any State Dental Council in India.** As I want to practice _____ (Mention your speciality) now, I want to register my name as a specialist in Telangana State Dental Council, Hyderabad.
2. Therefore, I request you to kindly register my name in Telangana State Dental Council, and I further state that I am ready to fulfill all the formalities for this purpose.
3. I declare that the above facts are true to the best of my knowledge and if they were found to be incorrect at a later date, I am liable for all the costs and consequences arising thereof.

Solemnly sworn and signed before me on this, the ___ day of _____ (Month & Year).

SIGNATURE OF DEPONENT.

SIGNATURE AND SEAL OF THE NOTARY

**Note to the applicant: - Affidavit to be submitted on non-judicial stamp paper
Worth Rs.20/- duly notarized.**