

**KERALA DENTAL COUNCIL**  
**APPLICATION FORM FOR IDENTITY CARD**

1. Name :  
2. Designation :  
2. Registration No. :  
3. Qualification :  
4. Aadhar No. :  
5. Date of Birth :  
6. Blood Group :  
7. Contact No: Mobile :  
8. Landline No. with STD Code :  
9. E-mail ID. :  
10. DD No & Bank Name :

11. Permanent Address : \_\_\_\_\_

*(If address is different from the one mentioned in the registration certificate, kindly provide request letter and address proof along with this application to add new address in the register.)*

PIN 

--	--	--	--	--	--

12. Address for Correspondence : \_\_\_\_\_

PIN 

--	--	--	--	--	--

**Declaration**

I hereby declare that all the information furnished above are true and to the best of my knowledge and belief.

Place :  
Date :

Signature of the Applicant

## INSTRUCTIONS

1. Fee for the card is INR 250.00 which can be paid by a DD drawn in favor of “Registrar, Kerala Dental Council” payable at Thiruvananthapuram or by swiping a card at the KDC office.
2. Expiry date of the card will be 31st March of the succeeding year of the registration renewal date.
3. Enclose a recent passport size photograph in a separate envelope.
4. If address is different from the one mentioned in the registration certificate, kindly provide request letter and address proof along with this application to add new address in the register.
5. Only registered qualification will be considered.
6. All columns are to be filled mandatorily except Landline telephone number.
7. The ID card will be sent by speed post to the address for correspondence.
8. Send the duly filled application form to “The Registrar, Kerala Dental Council, Vanchiyoor Post, Thiruvananthapuram – 695035”.
9. For any clarifications, contact the KDC office at 0471- 2478757, 58 and 59.