

AFFIDAVIT

I, Dr., aged about years, son/daughter of,
a resident of
do here by solemnly affirm and state as follows:-

(1) That, I am the deponent of this affidavit.

(2) That, I have passed (BDS/MDS/Others please mention) qualification with/ without
specialisation from (dental school / college).....
..... under (University) State.....

(3) That, I do here by undertake that, presently, I have not registered in any other State Dental Council
in India.

(4) That, this affidavit is required to be produced before the concerned Authority of D.M.E.T, Odisha,
Bhubaneswar for Registration in Dental Council of India.

(5) That, the facts stated above are true to the best of my knowledge .

Identified by me

//Sworn before me //

Advocate

Executive Magistrate- First Class

Deponent