

**Self Declaration**

I ..... S/O, D/O .....  
resident of .....  
do hereby solemnly affirm and declare as under:-

1. That I have passed the Final year of my B.D.S. Course from .....  
..... (College) and awarded Final Pass Certificate by .....  
..... (University) in the year ..... which is recognized by the Dental Council of India.
2. And my Compulsory Paid Rotatory Internship is going to be started on .....  
from ..... (College).
3. I undertake that in case of any of my certificates relating to Matric and B.D.S. course onward is found incorrect/false, I will be responsible for that and will surrender my Original Provisional Registration Certificate to the M.P. State Dental Council immediately. In that event my Provisional Registration be deemed as cancelled.
4. I certify that I was not involved in any Court case or any legal proceedings are pending against me professionally or otherwise. \*

Dated: .....

Signature of Candidate