

FORM C

(Regulation 7)

*Form of Register*

The register shall show in respect of every registered dentist the following

Particulars:-

(a) Registration number: \_\_\_\_\_

(b) Full Name: \_\_\_\_\_  
*(if married, widowed or divorced, maiden name)*

(c) Date and Place of Birth: \_\_\_\_\_

(d) Nationality: \_\_\_\_\_

(e) Permanent Address: \_\_\_\_\_

(f) Date of Registration: \_\_\_\_\_

(g) Qualification and the Date of Obtaining such Qualification: \_\_\_\_\_