

JHARKHAND STATE DENTAL COUNCIL

(Specimen of Affidavit)

I _____ s/o/d/ow/o _____

Do here by solemnly affirm and declare as under: -

1. That I have passed my BDS course from _____
Name of Dental College, and was awarded degree by Name of
university in the year _____
_____ which is recognized by the Dental Council of India and that I have
completed my compulsory paid rotatory internship from
_____ to _____
2. I undertake that in case any of my B.D.S course certificate are
found incorrect / false, I will surrender my original registration
certificate to the Jharkhand State Dental Council immediately and
will not practice Dentistry in that event my registration be deemed
ascancelled.
3. I further certify that I am not yet registered with any other State
Dental Council in India so far.
4. I certify that I was not involved in any court case or any legal
proceedings are pending against me professionally or otherwise.
5. If any statement or document given by me in Dental Council
office found will be wrong my registration may be cancelled & I
will be liable to legal action.

Deponent