

Application Ref No:38889732

System ID: 68036

Application for B.D.S (RENEWAL REGISTRATION)

Personal Information

Application For B.D.S(RENEWAL REGISTRATION)	
Name	NEHA CHAUDHARY
Father's Name Mother's Name	ONKAR SINGH RAKESH DEVI
Date & Place of Birth	20-10-1989 BHAGPAT
Nationality	INDIAN
Registration Number	13341
Renewed upto	2019





Contact Information

Residence Address		Professional Address	
11/68 SECTOR 3 RAJENDRA NAGAR SAHIBABAD GHAZIABAD DIST. UTTAR PRADESH PIN 201005		11/68 SECTOR 3 RAJENDRA NAGAR SAHIBABAD GHAZIABAD, GHAZIABAD, 201005	
Mobile No.	8010555572	Alternate Mobile No.	7011202045
Email ID	DR.NEHAANILDAGAR@GMAIL.COM		

Qualification Details

Passing Year of 10th Class (Matriculation)	2005	Passing Year of 12th Class (Inter)	2007	l
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Qualification Details B.D.S.

Admission In	May-2007	Examination Held In	March-2012	
Final Year Roll No	9988042 University		CHAUDHARY CHARAN SINGH UNIVERSITY	
College	I.D.S.T			

Internship Details B.D.S.

Date of Starting	1-04-2012	Date of Completion	31-03-2013
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Transaction Detail

Mode	Offline	Transcation ID	
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I hereby certify that the information provided above is true and accurate upto my knowledge and I bear all responsibility of rejection of my application if any of the above information is found wrong. I understand that this application is a part of registration process and Delhi Dental Council is not bound to register me only by filling this form.

Applicant's Signature	Date: 14-Sep-2023