

**Application Ref No:85064588** 

**Appointment: 05-Mar-2021(10:00AM)** 

**System ID: 45978** 

**Payment Mode: Offline** 

## **Application for B.D.S (FIRST REGISTRATION)**

## **Personal Information**

Application For	B.D.S(FIRST REGISTRATION)		
Name	SAUMYA TALWAR		
Father's Name Mother's Name	VIKAS TALWAR PRATIBHA TALWAR		
Date & Place of Birth	10-10-1997 DELHI		
Nationality	INDIAN		

Applicant's CURRENT Photo to be pasted here

## **Contact Information**

Residence Address		Professional Address		
B82, 4TH FLOOR, ANAND VIHAR, KARKARDOOMA DELHI DIST. DELHI PIN 110092		B82, 4TH FLOOR, ANAND VIHAR, KARKARDOOMA DELHI, DELHI, 110092		
Mobile No.	9810055898	Alternate Mobile No.	9810161533	
Email ID	TALWARSAUMYA10@GMAIL.Co			

<b>Qualification Details</b>									
Passing Year of 10th Class (Matriculation)		2013	Passing Year of 12th Class (Inter)		er)	2015			
Qualification Details B.D.S.									
Admission In	Aug-2015	Examination Held In		Sept-2019					
Final Year Roll No	150391068	University		SHARDA UNIVERSITY					
College	SCHOOL OF DENTAL SCIENCE								
Internship Details B.D.S.									
Date of Starting	1-10-2019		Date of Completion		13-01-2021				
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	: 04-Mar-2021				