

OTHER APPLICATIONS FROM THE MALAYSIAN DENTAL COUNCIL

Name:.....

Council Registration Number / Conditional Registration Number/ Temporary Registration Number:

.....

Registration number as Dental Specialist (if applicable):

Contact number:

E-mail:

Type of application (please indicate where necessary)

Document	Fee per unit (RM)	Required number of copies	Total fees (RM)
Copy of certificate of registration as a dental surgeon/ dental specialist/ conditional registration <i>(Please submit two (2) passport size photographs)</i>	100		
Copy of Annual Practising Certificate	50		
Copy of Temporary Practising Certificate	50		
*Letter of Good Standing	50		
Translation of Certificate of Registration as dental surgeon	100		
Translation of Certificate of Registration as dental specialist	100		
Translation of practising certificate	100		
Copy of records of disciplinary proceedings	250		
GRAND TOTAL			

Purpose of application (please specify):

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*Please indicate the recipient name and address for the Letter of Good Standing

(Kindly note that the validity of this document is only THREE MONTHS from the date of issue)

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Particulars of payment (Postal Order/ Bank Draft)

(a) Reference no.: (b) Amount: RM.....

(c) Bank/post office & date:

Note: Postal Order or Bank Draft made out to the "Pendaftar Pergigian". Cash and personal cheques are not accepted.

Documents collection

Method	✓ where applicable
Self-collect at the Malaysian Dental Council's office (kindly arrange for appointment)	
Local postage (please state the postal address)	
International postage (please arrange for a courier company to collect the requested documents at the Malaysian Dental Council's Office)	
Others (please specify)	

Please send the application and payment to:

Malaysian Dental Council
Ministry of Health Malaysia
Tingkat 5
Menara PERKESO Putrajaya
No. 6, Lebu Wawasan
Presint 2, 62100 Putrajaya
W.P Putrajaya

Any enquiries please contact:

Tel : +6011-5869100 (call only)

Email : mdc@moh.gov.my