



Application for AERB Registration

Institute Name:
Institute Type : Govt/ Private/Joint Venture
Registered with any State/Central Govt auth. : Yes / No
Trade License Certificate No. :

Clinic Address:

Address Line 1 :
Address Line 2 :
Landmark :
State :
City/District :
Pin Code :

Contact Details:

Phone (O) –
Email (O) -
FAX –
Website –

Employer Details:

Personal Details:

Title : Mr/Mrs./Ms/Dr
First Name –
Middle Name
Last Name:
Designation –
Date Of Birth –
Gender : Male / Female
Document/card for proof of identity and date of birth:
Document/card No:

Address for Communication

Address Line 1 :
Address Line 2 :
Landmark :
State :
City/District :
PIN :

Contact Details:

Phone (O) :
Phone (R) :
Email (O) :
Mobile(+91) :
Email(Permanent) :

Equipment Details

S.No	X-Ray Equipment	Make	Model	Year of Installation
1	IOPA			
2	OPG			

Check List :

1. Trade Certificate / Institution PAN Card copy : YES / NO
2. Owner Documents (Adhar Card / PAN Card / Pass port) : YES / NO
3. University Certificate copy (BDS /MDS) : YES/ NO
4. Recent Colour Photo : YES /NO
5. Dully filled the TLD application Form 2 & TLD Form 4 : YES/ NO
6. QA Service Charge, Cheque in favour of
“ AVANTTEC MEDICAL SYSTEMS (P) LTD “ : YES / NO

Any queries please write to us or call us

Mail address : radsupport@avanttec.net / service@avanttec.net

Mobile.No : 09842910365

What's App .No : 09095566011

Land Line .No : 044 – 2386 2021 / 22.