



PEOPLE'S DENTAL ACADEMY

Application form

FELLOWSHIP IN FORENSIC ODONTOLOGY (2020-2021)

(In Block letters)

1. Name: _____
2. Father's / Husband's name: _____
3. Mother's name: _____
4. Age: _____ Gender: _____
5. Postal address for correspondence:

RECENT
PASSPORT
PHOTOGRAPH

6. Mobile number: _____ Alternate number: _____
7. Email id: _____
8. Nationality: _____
9. Educational qualification: _____

Exam	Month and year of passing	Name of College/University
B.D.S		
Others (specify)		

10. Registration number/ Name of State Dental Council: _____

11. For Undergraduates (Interns only):

Name of College/University: _____

*For Undergraduates, degree for Certification / Fellowship Course will be given after completion of Graduation and submission of self-attested copy of degree certificate by them.

Declaration:

I _____ have read all the instructions given by the organising committee and I am aware and hereby agree to abide by the rules, failing to abide with the same, I will be discontinued from the Fellowship Programme.

Signature: _____ **Date:** _____

Annexures

Checklist of Documents:

S.No.	Documents	✓ - Submitted	Remarks
1.	Self-attested copy of Aadhar card		
2.	Two passport size photographs		
3.	Self-attested copy of DCI registration certificate		
4.	Self-attested copy of degree certificate of B.D.S / M.D.S / OTHERS		
5.	Self-attested copy of passport (only for overseas candidates)		
6.	Original acknowledgement receipt of fees (RTGS/NEFT/DD/CHEQUE)		

Fee structure:

1. Fellowship in forensic odontology (FFO) - 1-year advanced programme
 - For Indian candidates, course fees Rs.30, 000/-
 - For overseas and NRI candidates, course fees 1300 US dollars
2. If opted for Easy Instalment Scheme Second Instalment to be paid till 20th FEBRUARY 2020
3. Late fees @ 10% after last date (20th September) till 30th September 2020
4. Fees once paid, are Non-Refundable.
5. Mode of payment as decided by the candidate at the time of enrolment will not be altered.
6. Failure to abide by the above rules and regulations will incur penalty charges / expulsion from the course.

Account details:

PEOPLES DENTAL ACADEMY	
Account Number	409605000327
IFSC Code	ICIC0004096
Bank Name	ICICI BANK
Branch	PEOPLES MALL BRANCH

For Office use only

Fees paid as on: _____

Enrolment number: _____

Receipt number: _____

Fees Due: - 1. Amount - _____

2. Last Date - _____

3. Late Fees - _____
(if any)

Programme Director

Dean Faculty