

PEOPLE'S DENTAL ACADEMY
Application form
CERTIFICATE COURSE IN CBCT IMAGING & INTERPRETATION

(In Block letters)

1. Name: _____

2. Father's / Husband's name: _____

3. Mother's name: _____

4. Age: _____ Gender: _____

5. Postal address for correspondence:

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		
M.D.S		

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

RECENT PASSPORT
PHOTOGRAPH

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 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. Certificate course – 3 months advanced programme
 - For Indian candidates, course fees Rs.10, 000/-
 - For overseas and NRI candidates, course fees 150 US dollars
2. If opted for Easy Instalment Scheme Second Instalment to be paid till ---_-----
3. Late fees @ 10% after last date (_-----) till _-----
4. Fees once paid, are Non-Refundable/Non-Transferable.
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:

Bank- ICICI Bank
Branch – Peoples Mall Branch, Bhopal
Name of College – People’s Dental Academy
Account number – 409605000327
IFSC Code – ICIC0004096

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
