



**PEOPLE'S DENTAL ACADEMY**  
**Application form**  
**FELLOWSHIP IN FORENSIC ODONTOLOGY (2022)**

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(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:**

- 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
- If opted for Easy Instalment Scheme Second Instalment to be paid till ---\_15<sup>th</sup> August 2022-
- Late fees @ 10% after last date (\_-----) till \_-----
- Fees once paid, are Non-Refundable and Non-transferable
- Mode of payment as decided by the candidate at the time of enrolment will not be altered.
- 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**

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**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**

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