

M.S.RAMIAH DENTAL COLLEGE

M.S.R.I.T Post, M.S.R Nagar

Bangalore-560 054

Ph.No.23602079/1874 Fax 23601825 e.mail : msrdentalcollege@yahoo.com

Website: www. **msrdc.ac.in**

Application form for selection of Certificate Course in Oral Implantology / Aesthetic Dentistry
for the **Academic year 2012-2013**

SI No 1	NAME OF THE APPLICANT	DR.
2	Name of the father	
3	Complete address for communication E-Mail....	
4	Phone No with STD code	
5	Date of Birth	
6	Name of the college From where BDS passed	
7	Is the BDS course and college Recognized by Dental Council of India	Yes/No {Tick} (if yes enclose certificate of proof)
8	Name of University which awarded the BDS Degree	
9	No of Attempts in BDS course	First Yr BDS.....Attempts Second Yr BDS..... Attempts Third Yr BDS.....Attempts Final Yr BDS..... Attempts
10	Date of Completion of Internship (eligible if completing internship before 30.12.2011)	
11	Order of Preference for Certificate Course	Oral Implantology Aesthetic Dentistry

Enclosed certificate Photostat copies of a) All Marks Cards b) Attempt Certificates c) Internship Certificate d) Dental Council Registration Certificate e) NRI proof