

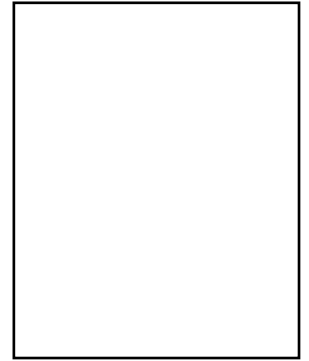


Dr. D.Y. Patil Dental College & Hospital

Department of Oral Pathology & Microbiology

Application Form for Certificate Course in Forensic Odontology

Session: October 2020



Name as in DCI certificate:

Sex: Male Female Date of birth:

Nationality: Country of Residence:.....

Address for Communication:

Telephone: Mobile:

Email:.....

Educational Qualifications with Speciality:.....

Dental Council of India Registration Number:.....

Place of Registration:.....

Agreement

I confirm that all the information provided in this form is true and complete. By signing this form I acknowledge that I am aware that the Certificate in Forensic Odontology is not recognized by the Dental Council of India.

Name of applicant:.....Signature:.....

Date:

Place:.....



The course fees of **INR 40,000/-** can be paid by Demand Draft / NEFT / RTGS.

The Demand Draft to be drawn in favour of ‘ **Dr. D. Y. Patil Dental College & Hospital, Pimpri** ’

Demand Draft Details

DD No.....Issued from Bank.....Date.....

For NEFT/RTGS

Account / Beneficiary Name: Dr. D. Y. Patil Dental College & Hospital, Pimpri

Bank: HDFC Bank, Aundh Branch

Account Type: Savings Account

Account No: **50100219312099**

IFSC Code: **HDFC0000052**

NEFT / RTGS details

Transaction ID.....Date.....