



**Dr. D.Y. Patil Dental College & Hospital**

**Department of Periodontology**

**Application Form for Certificate Course  
in  
Periodontal Microsurgery**

Name of the Participant as in DCI certificate:

.....

Sex: Male  Female  Date of birth: .....

Nationality: .....

Address for Communication:

Telephone: ..... Mobile: .....

Email id:.....

Educational Qualification with Speciality:.....

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

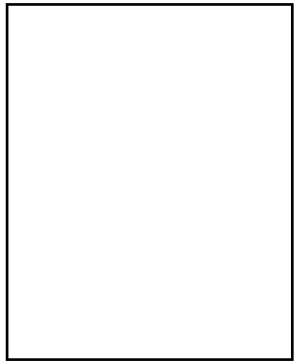
**Agreement**

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 course in Periodontal Microsurgery is not recognized by the Dental Council of India.

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

Date: .....

Place:.....





**Dr. D.Y. Patil Dental College & Hospital**

The course fees of **INR 60,000/-** can be paid by Cheque/ Demand Draft / NEFT / RTGS.

The Cheque/ 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.....