



Dates: 10th - 13th Aug, 2017
Venue: Radisson Blu Atria Bengaluru

DSD Fellowship Programme

REGISTRATION FORM

Name: Age: M / F

Address:

City: State/Country: Pincode:

College: Designation:

*Mobile No. *Email

* E-Receipt will be sent to your Mobile & Email



Course Fee:
50,000*

For Further Details Contact:
+91 9739656228 / 9440238832 /
7780554911

Account Details:

Account Name: Digital Dental Society

Account Number: 36948644147

Bank: State Bank of India

IFSC Code: SBIN0004245

Branch: P B B, Masabtank, Hyderabad

Cheque / DD in the favour of **Digital Dental Society**

PAYMENT DETAILS

Mode of Payment: Date of Payment: Amount:

Please attach bank payment voucher along with this application and send to following address

www.digitaldental.in | E: digitaldental9999@gmail.com,
iddcorgsec@gmail.com



COUNTERFOIL

Mode of Payment: Date of Payment: Amount:

Received by:

For more details visit our website
www.digitaldental.in