



Dates: 15th, 16th & 17th Aug, 2017  
Venue: Holiday Inn, Delhi

## 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:**  
**Rs.40,000\***

For Further Details Contact:  
+91 9873435895 /  
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](http://www.digitaldental.in)