

T.V.D.I

TRUE VALUE DENTAL INSTITUTE

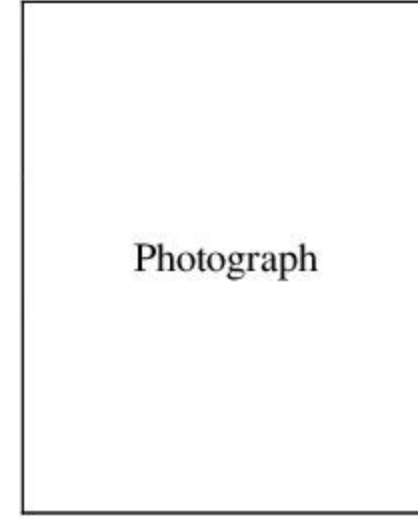
REGISTRATION FORM FOR COMPREHENSIVE DENTALCOURSES

Roll No.

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(To be filled in by the Office)

Photograph



CANDIDATE'S NAME

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FATHER'S/HUSBAND' NAME

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NAME OF COLLEGE (B.D.S.)

CITY

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ADDRESS FOR COMMUNICATION (Please do not repeat your name)

City

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Pin Code

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Email ID

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Ph. No.

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Mobile No.

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Date of Birth

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Day

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Month

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Year

Male

Female

CATEGORY

- Student Undergraduate
 Intern
 Self Employed
 Job
 Self Study

COURSE OPTED

- Refresher Classes
 Correspondence Courses
 Overseas program

TEST SERIES

- At Home
 At Centre
 Online

CLINICAL COURSES

- Weekend Clinics
 Monthly Program
 Advanced Courses

% age Marks in BDS

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Date of Completion of Internship

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Day

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Month

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Year

- Fee to be paid by DD in favour of "True Value Dental Institute"
- To be sent at D - 7 Shubham Enclave Paschim Vihar New Delhi, Delhi 110063

Fee Details:

Amount (Rs.)

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DD No.:

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Bank:

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DECLARATION

I have carefully read the instructions given in the prospectus. I hereby solemnly and sincerely affirm that the Statement made and information furnished by me with application form are true and correct. The course fee once deposited is not refundable / transferable for any reason whatsoever.

Date:

(Signature of Candidate)