



Examination Application Form for

**BOARD CERTIFICATION AND FELLOWSHIP IN MICRO RESTORATIVE AND
ENDODONTICS**

Surname: Title:

Block Capitals

Name:

Block Capitals

(Name as in DCI certificate)

Male / Female (*delete as required*)

Date of Birth: / /

Address: for communication

.....
.....

Post Code: Tel. No:

Mobile No: Email:

ADMISSION

I hereby apply to be admitted to the **Fellowship in Micro Restorative and Endodontics.**

ACADEMIC RECORD

Primary Dental Qualification: Date Conferred: / /

University / Dental College:

Country of Qualification:

DCI Registration No. (if applicable): Date: / /

attested copies of the above certificates by dean or notary

Date of obtaining MDS or equivalent (*delete as appropriate*): Date: / /

Awarding College:

(Candidates must provide evidence of having passed MDS or equivalent)

PROOF OF EXPERIENCE

(Attach details if experience was gained from different sources)

It is hereby certified that

Subsequent to having obtained a recognised qualification in MDS, has spent **at least two years** in a clinical/academic setup.

Signature Hospital /Dental Practice.....

Dean / (Official stamp)

Name BLOCK LETTERS

Date:/...../.....

DECLARATION (To be signed by ALL candidates)

I have read the current Regulations of the fellowship and understand the eligibility criterion. I confirm that all the information provided in this form and the enclosures is true and complete. I am aware that I may be expelled from the Fellowship programme or the Fellowship awarded may be cancelled at any time should the information provided prove to be incorrect or false.

Signature of Applicant: Date:/...../.....

Method of Payment

Payment must be made in full by cheque/ DD/ online transfer/ or credit card (WILL BE ACCEPTED IN HEAD OFFICE ONLY)

Total Payable Amount INR 200000

By Cheque: (Please provide details of Bank, Cheque Number and Date)

By Demand Draft:

Online Transfer: (transaction ID)

By Credit Card: (tick the box and pay at the head office)

Please attach the following certificates

1. Primary/MDS degree certificate
2. DCI registration
3. Experience certificates
4. Curriculum Vitae
5. 2 reference letters

ACCOUNT DETAILS

Indian Association of Conservative Dentistry and Endodontics

IFSC CODE: CORP0000487

A/C No. 048700101012489

Account Type: Savings Account

Bank Name: Corporation Bank

Branch: Anna Nagar, Chennai