

APPLICATION FORM - ADVANCED IMPLANT COURSE

Application No.....

Date of receipt (Office use only)

Please enclose an up to date curriculum vitae and a recent photograph.
Please complete all pages in BLOCK CAPITALS and tick boxes as appropriate

Title :
Surname :
First name :
Date of Birth :
Address :
Telephone : (Office).....
(Mobile).....
Email ID :

QUALIFICATIONS

Degree/Diploma:YearAwarding Authority
Degree/Diploma:YearAwarding Authority

| | | |
|-------------|--------------------------------------|--|
| Cost | US \$3500 or INR 1,75,000 | A non-refundable Fee, 50% of the total amount must be made at time of application to be accepted. |
| | | Full payment must be made before the course commences. 5% discount will be given to those who pay the full amount at time of application before the 30th March 2012 |

Methods of Payment (please circle):

***Payments by credit card will be subject to an additional 3%**

| | | |
|--------|--------------|-------------------|
| Cheque | Demand Draft | Net Bank Transfer |
|--------|--------------|-------------------|

Cheques/DD should be made payable to 'Sahaj Dental Care'

| | |
|---|---|
| Information for bank transfers - | Account Name : Sahaj Dental Care Account Number : 02262000017337 Account Type : Current Bank / Branch : HDFC Bank Ltd. 54/01, Sardar Patel Marg, Civil Lines, Allahabad-211001,U.P. RTGS / NEFT IFSC : HDFC0000226 SWIFT CODE : HDFCINBB |
|---|---|

Signature.....

Date

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