A.H.E.A.D

ACADEMY OF HIGHER EDUCATION & ADVANCEMENTS IN DENTISTRY, DELHI

REGISTRATION FORM FOR COMPREHENSIVE DENTALCOURSES

Photograph

Roll No.

(To be filled in by the Office)

CANDIDATE'S NAME

FATHER'S/HUSBAND' NAME

NAME OF COLLEGE (B.D.S.) CITY

ADDRESS FOR COMMUNICATION (Please do not repeat your name)

City Postal Pin Code / Zip Code

Email ID

Ph. No. Mobile No.

Date of Birth

Day Month Year

☐ Male ☐ Female

EXAMS OPTED FOR

☐ MDS ☐ SDC ☐ IDRE
☐ ADC ☐ DHA ☐ ORE
☐ NBDE ☐ HAAD ☐ MFDS
☐ NDEB ☐ MOH ☐ OTHER

CLINICAL CERTIFICATE COURSES

☐ General Dentistry ☐ Prosthodontics
☐ Orthodontics ☐ Esthetic Dentistry
☐ Implantology ☐ Oral Surgery
☐ Endodontics ☐ Periodontics

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 .

Date of Completion of Internship

Day Month Year

- Fees to be paid by DD in favour of **"AHEAD DENTAL ACADEMY"**
- **To be sent at AHEAD, 57/11, Old Rajinder Nagar, Opp. Syndicate Bank, New Delhi – 110060**

Fee Details: **Amount (Rs.)**

DD No.: **Bank**:

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)