



DWIJAN
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**DENTAL RESEARCH INSTITUTE
& VIRTUAL EDUCATION**

DWIJANAHA
Dental Research Institute & Virtual Education

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Email: Dr.SenthilMurugan@dwijan.com, Surgeon@dwijan.com,
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REGISTRATION FORM

Name: Dr..... Age:..... Sex:.....

Qualification:..... University:..... Reg no:

Consultant / Trainee:.....

If Consultant, Name of the Hospital / Institution attached.....

Contact Address:

.....

Phone:..... Email:.....

Previous Experience and Years of Experience :.....

Type of surgeries commonly done:.....

Type of Package: Residential Non - Residential

Sight seeing: Required Not Required

Payment details: DD / Cheque / Transfer :.....

Amount:..... DD no:..... Bank:.....

Date:.....

Signature with Seal

Transfer Details: Andhra Bank, Mount Road branch, Chennai, in favour of
DWIJAN DENTAL RESEARCH INSTITUTE & VIRTUAL EDUCATION.
Account number : 084811100000672. IFSC code : ANDB0000848 MICR : 600011007

Course Disclaimer

All the Participants will be given completion certificate. Though the entire course faculty observes and gives suggestions to improve the skill, the certificate by no means assures the competency of the surgeon who wish to employ the techniques that learnt during these 10 days span of this course.