

Application Form to conduct CDE Program

Sl No	Particulars	
1	Name of the CDE Provider/Institution with address	
2	Program Date and total number of days	
3	Details of the program speaker's Name/State Dental Council's Registration Number/topic/duration (Details to be attached)	
4	Registration fees if any, Charged to the delegates/participants	
5	Brochure if any printed (copy to be attached)	
6	Primary Contact Person Name & Mobile Number	
7	Secondary Contact Person Name & Mobile Number	

Date:

***Seal and Signature of the
Principal/Head of the Organization***

Note: 1. kindly send this application form one week in advance.

2. Send a copy through email to registrar@ksdc.in and asst.registrar@ksdc.in