

IGNITE 2015 – REGISTRATION FORM

(Please Fill in Block Letters)

NAME:

COLLEGE:

REGISTRATION NO :

YEAR OF STUDY:

MOBILE NO :

EMAIL ID :

DD/CHECK/UTR NO :

EVENT PARTICIPATION (PLEASE TICK):

- | | | | | | |
|-------------------------|--------------------------|----------------|--------------------------|--------------|--------------------------|
| • DENTAL QUIZ | <input type="checkbox"/> | DENTAL DEBATE: | <input type="checkbox"/> | TABLE CLINIC | <input type="checkbox"/> |
| • PAPER PRESENTATION:- | | PRE CLINICAL | <input type="checkbox"/> | CLINICAL | <input type="checkbox"/> |
| • POSTER PRESENTATION:- | | PRE CLINICAL | <input type="checkbox"/> | CLINICAL | <input type="checkbox"/> |

CATOGORY OF PRESENTATION (PLEASE TICK)

- | | | | | | | | |
|---------------------|--------------------------|---------------------------|--------------------------|--------------------------------------|--------------------------|------------------|--------------------------|
| Dental Material | <input type="checkbox"/> | Prosthodontics | <input type="checkbox"/> | Oral pathology | <input type="checkbox"/> | Pedodontics | <input type="checkbox"/> |
| Orthodontics | <input type="checkbox"/> | Periodontology | <input type="checkbox"/> | Oral Surgery | <input type="checkbox"/> | Implantology | <input type="checkbox"/> |
| Community Dentistry | <input type="checkbox"/> | Oral Medicine & Radiology | <input type="checkbox"/> | Conservative Dentistry & Endodontics | <input type="checkbox"/> | Others (specify) | <input type="checkbox"/> |

Presentation Title: PAPER:

E-POSTER:

TABLE CLINIC:

This is to certify that _____ is a bonafide student of the Institution, currently studying in 1st/2nd/3rd/4th BDS/ Internship.

Signature of Student

Signature of Head of Institution

- Please send this Registration Form and a copy of Abstract (if applicable) to the address mentioned in Guidelines sheet along with the Demand Draft.
- Scanned copy of abstract, registration form and Demand Draft can also be emailed at mcods.ignite15@gmail.com
- Please find the required details of payment in the Guidelines sheet.
- For further details,contact:
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MERAJ ALAM: +91 9986821716

AFFIX
PASSPORT
SIZE
PHOTOGRAPH