



CODS ACADEMY OF IMPLANTOLOGY & RESEARCH
To Train the Curious Learner To Explore Redefining !



Application form for admission to one year fellowship program in Implantology

PHOTO

Please complete this form and mail it to: principalcods@gmail.com

Notes:

- Applications can take up to five weeks to process.
- This form can be emailed together with the required supporting documents.
- Correspondence with you will be by email.
- All sections of this form must be completed in full. Failure to do so will result in rejection of your form.

Please **TYPE** all your details but note that all signatures must be handwritten.

Section 1 – Applicant details

Personal details

| | | | |
|----------------------------|--|---------------------------------|--|
| Title | Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> | Other (please specify) | |
| First name | | Middle name(s) | |
| Last name | | | |
| Father's Name | | | |
| Gender | Male <input type="checkbox"/> | Female <input type="checkbox"/> | |
| Date of birth | D D / M M / Y Y Y Y | | |
| | | | |
| Your qualifications | B.D.S. | M.D.S. | |

Address details

| | | |
|--|-------------------------------|---------------------------------|
| Which address you would like to correspond? | Home <input type="checkbox"/> | Office <input type="checkbox"/> |
|--|-------------------------------|---------------------------------|

| Current residential address | | | | | | | | | | | | | | | |
|-----------------------------|--|--------------|--|--|--|----------------|--|--|--|--------|--|--|--|---------|--|
| Address | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Pin | |
| | | | | | | | | | | | | | | COUNTRY | |
| | | | | | | | | | | | | | | | |
| Telephone number | | Country code | | | | Area/City code | | | | Number | | | | | |
| Mobile number | | Country code | | | | Area/City code | | | | Number | | | | | |
| Personal email address | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

| Current employment address | | | | | | | | | | | | | | | | | |
|--|--|--------------|--|--|--|----------------|--|--|--|------------|--|--|--|---------|--------------------------|--|--|
| If you are currently unemployed please tick here | | | | | | | | | | | | | | | <input type="checkbox"/> | | |
| Company name | | | | | | | | | | | | | | | | | |
| Position/Job title | | | | | | | | | | Department | | | | | | | |
| Company address | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Pin | | | |
| | | | | | | | | | | | | | | COUNTRY | | | |
| | | | | | | | | | | | | | | | | | |
| Telephone number | | Country code | | | | Area/City code | | | | Number | | | | | | | |
| Mobile number | | Country code | | | | Area/City code | | | | Number | | | | | | | |
| Company email address | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

Section 2 – Education and qualifications

- Photocopies of your certificates to be enclosed.

| University education | | |
|-------------------------------|------------|-------------|
| B.D.S. | University | Year passed |
| M.D.S. | University | Year passed |
| Other Relevant Qualifications | | |

Section 3 – Method of payment

| | |
|------------------------|-----------------------|
| Total Cost | Rs. 2,50000/- |
| Initial payment | Rs. 1,50000/- |
| Final Payment | Rs. 1,00,000/- |
| | |

Payment to be done through D.D

D.D should be in the name

“CODS Academy of Implantology and Research”

Payable at Davangere

Account No. 002011500024887

Bapuji Co- operative Bank Ltd.,

J J M M C Branch

- If the correct payment is not received, your application will be delayed until we receive the balance.

Section 4– The applicant’s declaration

| | |
|---|--------------------------|
| I have enclosed the necessary education certificates | <input type="checkbox"/> |
| I agree with the method of payment for the fees | <input type="checkbox"/> |
| I have signed the applicant’s declaration with date | <input type="checkbox"/> |

| | | | |
|------------------------------|--|-------------|--|
| Name (BLOCK CAPITALS) | | | |
| Signature | | Date | |