

KLE'S V. K. INSTITUTE OF DENTAL SCIENCES

PRESENTS

PGITC

Post Graduate Intensive
Training Course

2019

Personal Details

Name: _____

Address: _____

College Name: _____

City: _____ State: _____

Telephone: _____ Mobile: _____

Email: _____

Payment Details

DD No. / Cheque No. / NEFT / RTGS No. : _____

Account Name: Post Graduate Intensive Training Course 2019

Bank Name: Syndicate Bank

Account Number: 05042140000196

IFSC Code: SYNB0000504

Registration Amount: Rs4000/- (Four Thousand Only)

All Online Transfer Details to be sent via whatsapp on **+91 9844770216**
or email at **pgitc2019@gmail.com**

Signature

ABSTRACT SUBMISSION FORMAT

Title:

Aim and objectives:

Materials and Methods :

Conclusion:
