

MAHARASHTRA STATE DENTAL COUNCIL

**GOVERNMENT DENTAL COLLEGE AND HOSPITAL, THIRD FLOOR, ST. GEORGE
HOSPITAL COMPOUND, NEAR C.S.T. RAILWAY STATION, MUMBAI-400001**

Email- cdemsdcmbai@gmail.com Website www.msdcmbai.org

Telephone No. 022-2261 7644 Fax No. 022-2261 7634

APPLICATION FORM TO CONDUCT CDE PROGRAMME

SR. No.	Particulars	
1	Name of the CDE Provider/ Institution with address.	
2 -	Organization is Registered Yes/No	
	If registered – Registration No.	
3	Program Date	
	i)Lecture hours	
	ii)Hands on	
	Total hours	
	Total number of Days	
4	Speaker	
	B.D.S. YEAR	
	M.D.S. YEAR	
	EXPERIENCE	
5	Topic	
6	Registration Fees if any, charged to the Delegates / Participants	
7	Brochure if any printed. (copy be attached)	

Date:

**Seal and Signature of the
Dean/Head of the Organisation**

- Note**
1. Please kindly send this application form to the MSDC office at least 30 days before the event.
 2. All requests application for CDE points from CDE Providers and Colleges should send on E-mail directly
cdemsdcmbai@gmail.com

FOR OFFICE USE

1. **Application Date:-**
2. **Application Received Date by Hand/E-mail/HardCopy:-**
3. **Application Forward Date by Hand/E-mail/HardCopy:-**
4. **Hand/E-mail/HardCopy**