

## **Application Form to conduct CDE Program**

<b><i>Sl No</i></b>	<b><i>Particulars</i></b>	
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](mailto:registrar@ksdc.in)