



**APPLICATION FORM**  
**CLINICAL TRAINING IN ORAL & MAXILLOFACIAL SURGERY**  
**DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY**  
**ALIGARH MUSLIM UNIVERSITY**  
**ALIGARH**

1. Name of candidate.....
2. Father's Name/Mother's Name.....
3. Date of Birth.....
4. Date of passing BDS Examination.....
5. Name of the College from where passed BDS.....
6. Date of completion internship (please attach self-attested copy of internship completion certificate)
7. Address for correspondence.....  
.....
8. Contact No & E-mail address .....
9. Why do you want to join this programme.....  
.....

**IMPORTANT INFORMATION AND GUIDELINE**

1. The training program is purely observation based programme and doesn't allow any hands on training.
2. The candidates for this programme will be selected on the basis of first come and first serve basis.
3. Eligibility: BDS graduates who did there BDS from a institute recognized by dental council of India and have completed their internship from a recognized institute in India.
4. This training won't lead to any qualification and not be suffixed with existing or future qualification.
5. After completing the training the department will issue a certificate. This certificate will not entitle the candidate to mention the training as a qualification and not be suffixed with already possessing degree.
6. The selected candidate will have to deposit Rs.30,000 as training fee after confirmation of selection. The deposit amount will be non-refundable.
7. The clinical training programme will be strictly for three months. No extension will be allowed after expiry of the term.
8. 80% attendance will be mandatory.
9. University won't provide any hostel facilities to such trainees and they won't be entitled for facilities given to students of Aligarh Muslim University however, they will have to follow the Aligarh Muslim University students discipline and conduct codes.
10. The last date for submission of form is **17.05. 2019**. Applications will be accepted by e – mail only

**DICLARATION**

Hereby solemnly affirm that I have read the above IMRORTANT INFORMATION AND GUIDELINES about Clinical Training in Oral & Maxillofacial Surgery and shall abide there in described. If any wrong information is detected, my training may be terminated.

**Signature of Candidate**

**Attachments**

1. Self-attested photocopy of BDS degree/Internship Completion Certificate
2. Self-attested copy of Dental Council Registration
3. Self-attested two photograph

## CLINICAL TRAINING IN ORAL & MAXILLOFACIAL SURGERY

Applications are invited for admission on one remaining seat of observation based training program "Clinical Training" in Oral & Maxillofacial Surgery.

**Date of commencement of program:** 20<sup>th</sup> May 2019

**Eligibility:** BDS graduates who have passed from any institute recognized by Dental Council of India.

**Number of seats:** 01 (One)

**Training Fee:** Rs.30, 000/ to be deposited at the time of admission.

**Mode of selection:** First come and first serve basis. The application will be accepted by e-mail only.

**Last date for submission of forms:** 17.05.2019

Application form may be download from website [amu.ac.in](http://amu.ac.in) Completed forms should be sent by e-mail to [drssahmed@msn.com](mailto:drssahmed@msn.com) and [chairperson.om@amu.ac.in](mailto:chairperson.om@amu.ac.in)



**Chairperson**

**Department of Oral & Maxillofacial Surgery**

**Dr. Z. A. Dental College**

**Aligarh Muslim University**

**Aligarh 202002**

**Chairperson**

**Department of Oral & Maxillofacial Surgery**

**Dr. Z. A. Dental College**

**A.M.U., Aligarh**