

THE TAMILNADU DR.MGR MEDICAL UNIVERSITY, CHENNAI
FELLOWSHIP IN DENTAL SCIENCES
APPLICATION FORM FOR INSTITUTIONS

Name of the Institution :

Address :

Telephone/Mobile :

Fax :

E-Mail :

Name of Chairman/Dean :

Telephone/Mobile :

Fax :

E-Mail :

Subject applied for :

Course Director – Name, Qualification,
Years of Experience :

Part time faculty – Name, Qualification
Years of Experience :

Facilities available

Class room with library facilities :

Dental Chairs & Units :

Dental Laboratory :

Other Special Infrastructure :

Number of Candidates :

Any other courses run by the institution
From TN Dr.MGR Medical University :

Affiliation from any other University/
Course offered :

Affiliation Fees

Application Fees

Other Fees

Last Date for Application