

DECLARATION

(For SLM perusing M.D.S.)

I, Dr.,SLM no.....of Indian Orthodontic Society, hereby declare that I have duly completed twelve months (12 months)of M.D.S. curriculum till the date 16.01.2023, at the (college name).

Candidate's signature:

Candidate's name:

Institute:

HOD's name:

HOD mail ID and mobile number: