

Genesis Institute of Dental Sciences & Research

GT Road, Ferozepur – 152002

Ph- 01632- 210500

Email: genesis.idsr@gmail.com

Registration form

Name : _____

Father's Name : _____

Mother's Name : _____

Address : _____

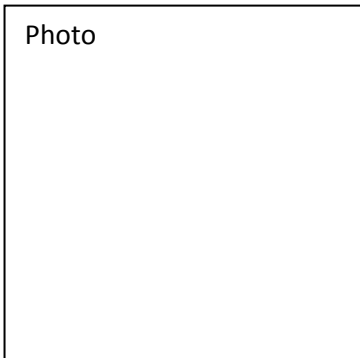
Contact No. : _____

Email ID : _____

Payment Details DD/ Cheque No.: _____

Challan No. (Direct Payment in A/C): _____

Dated: _____ Amount: _____



Signature

It is compulsory to send this form, duly filled, photograph affixed, for processing candidate's gate pass. Please mail to mentioned address or scan and email it as an attachment to:

Email: Dr. Bhawandeep: - drbhawana@gmail.com, Dr. Gaurav: dr.gaurav867@gmail.com