



Dental Laser Training And Certification Program - 2026

SHRI J.B & D.P INSTITUTE OF PARA MEDICAL & RESEARCH CENTRE
&
UNIVERSITY OF GENOVA , ITALY



2 – DAYS CERTIFICATION & HANDS ON TRAINING COURSE IN DENTISTRY REGISTRATION FORM

REGISTRATION NO.:
(For Office Use Only)

Name : Prof./Dr./Mr./Ms

Gender : DCI Registration No.:

Designation/Profession

Institute Affiliation

Address:

Mobile No. : E-Mail ID:

Registration Category :

- Category 1- One Day Lecture with Demonstration with Lunch only
- Category 2- One Day Lecture with Demonstration with Hospitality (Including Lunch, Dinner & Banquet)

Payment Details :

Mode of Payments- UPI/ DD/Cheque/through payments cards.....

UTR NO. /Transaction ID No.

Bank Name

Dated.

Amount

The Registration Fee Can be Deposited Through DD/NEFT/Cheque/Payments cards in Favour of

A/c Name: Shri J.B. & D.P. Institute Of Para Medical & Research Centre

A/c No.: 433801010042710

IFSC CODE: UBIN0543381

UPI ID : QR9194521383682710@unionbankofindia

BRANCH : NARAI BANDH , MAU

Duly filled in and Scanned Registration form Must be Sent via email on drcparya27@gmail.com

The Registration Form can also be downloaded via :

WWW.SHRISAIBABANVSTRUST.COM

