



## Faculty Of Dental Sciences

### MS RAMAIAH UNIVERSITY OF APPLIED SCIENCES

Directorate Of Training And Lifelong Learning

Post Graduate Certificate in  
Professional Practice  
Dental Aesthetics and  
Smile Design (PGCPP)



Course commencing on  
January and June

#### Program Description:

This course aims to facilitate students to analyse smile status, diagnose, recommend a treatment plan and perform aesthetic procedures for patients desiring treatment.

#### Highlights:

- Credit based program with theory and clinical training in Aesthetic Dentistry
- Extensive preclinical training on models.
- Opportunity to observe and treat over **300 cases**
- Opportunity to observe advanced aesthetic procedures, including surgical endodontics
- Opportunity to attend seminars and conferences akin to a post graduate course

Independent assessment and certificate of completion from  
M.S. Ramaiah University of Applied Sciences

<b>Duration</b>	:	<b>11 months</b>
<b>Admission Criteria</b>	:	<b>BDS graduate</b>
<b>Course Director</b>	:	<b>Dr.Indiresha. H. N.</b>
<b>Faculty Team</b>	:	<b>Dr John V George Dr Kranti K, Dr.Vaishali Dr. Rohit Prasad Dr. Dinesh</b>
<b>Contact</b>	:	<b>Dr. Raghavendra 9900154761 Dr. Hema Seshan 080-23602079 ( Co-ordinator DTLL, FDS)</b>



**Faculty of Dental Sciences**  
Directorate of Training and Lifelong Learning



ज्ञानं विज्ञानं च भक्तिसहितं

**M. S. Ramaiah University of Applied Sciences**

**Application Form**

Affix Photograph

Month:

Year:

**Name:**

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**Course:**

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**M. S. Ramaiah University of Applied Sciences**

Gnanagangothri Campus, New BEL Road, MSR Nagar, Bengaluru -560 054.

Ph.: 080-4536 6666, 080- 2360 0949, Mobile: 99005 54761, 98453 05455. **Web:** [www.msruas.ac.in](http://www.msruas.ac.in)

**I Personal Details**

Name:			
Father's /Guardian's /Spouse's Name :			
Date of birth:	Sex: Male / Female		
Correspondence address :	Permanent address:		
PIN	Tel No:	PIN:	Tel No:
E-mail:			

**2 Course:** (Please tick appropriate item)

<u>Course Name- Credited Programs</u>	
Certificate Course in Implantology	
Certificate Course in Aesthetic Dentistry	
Bvoc Degree In Chairside Assistants For Dental Clinics	

<u>Course Name- Noncredit Programs</u>	
Fellowship Program in Implantology	
Modular Training Program in Endodontics	

**3 Academic Qualifications**

Degree	Branch	Educational Institution School/College/University	Year of Passing	% of Marks

**4 Work Experience** (If any)

Duration (months)	Company and job title	Brief description of work	Part-time/ Full-time

**5 References**

First Referee	Second Referee
Name:	Name:
Designation:	Designation:
Address :	Address :
Telephone number:	Telephone number:
E-mail:	E-mail:

## 5 Payment Details (Registration Fee)

Amount			
DD No.	Date:	Bank	

Date		Signature	
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**Instructions to Applicants:**

1. Duly filled-in application should be sent to Registrar Academics, Faculty of Dental Sciences,
2. D.D should be drawn in favor of “**M. S. Ramaiah University of Applied Sciences**” payable at **Bangalore**.
3. Enclose the following with the application form:
  - Photocopies of records supporting Academic qualification/ Working experience.

## RULES & REGULATIONS

Please read the following carefully:

- Fees should be paid on or before the due date, failing which the student will not be allowed to attend the classes.
- Fees, once paid, will **NOT** be refunded.
- On completion of the course, student is required to produce No-due certificate in the prescribed form for obtaining the Course Certificate.
- Entry to the University premises will be denied if the ID card is not appropriately displayed.
- The Internet facilities in the browsing section of the library can be used as per the rules of the University, at particular hours of the day (details are available with the Librarian).
- Misbehavior with any Staff or other students of the University or involvement in any undue argument or discussion with the staff will be viewed seriously. Disciplinary action may be initiated against such students.

*I have read and understood the rules and regulations and promise to abide by the same.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

For office Use	
Application received on:	Interview letter sent on:
Interview conducted on:	
Results of interview	
Student joined the course .....	
Student discontinued	
Student completed the course	

Remarks:

Course Director

Remarks:

Director, DTLLL