

DECLARATION

(For SLM pursuing 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
08/03/2026, at the
(College name).

Candidate's signature:

Candidate's name:

HOD signature:

HOD's name:

HOD mail ID and mobile number: