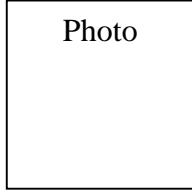


APPLICATION FORM

MAHARASHTRA STATE DENTAL COUNCIL, MUMBAI.
APPLICATION FORM FOR DENTIST CORONA WARRIOR

TO,
THE REGISTRAR,
MAHARASHTRA STATE DENTAL COUNCIL,
MUMBAI.



RESPECTED SIR/MADAM,

KINDLY SEE THE APPLICATION FORM FOR DENTIST
CORONA WARRIOR.

1)	NAME OF THE APPLICANT DENTIST (KINDLY FILLED IN BLOCK LETTER) _____
2)	ADDRESS IN FULL WITH POSTAL PINCODE _____ _____
3)	1. MOBILE NO. 2. MOBILE NO.
4)	EMAIL ADDRESS
5)	REGISTRATION NUMBER A-
6)	AGE AND GENDER: M/F/T
7)	SERVICE IN THE GOVT. HOSPITAL COVID WARD ____ MONTHS ____ DAYS
8)	SERVICE IN THE GOVT. HOSPITAL COVID SCREENING OPD ____ MONTHS ____ DAYS
9)	SERVICE IN THE GOVT. HOSPITAL COVID WARD IN ANY MEDICAL COLLEGE/DENTAL COLLEGE/ OR HOSPITAL OTHER THAN GOVERNMENT. ____ MONTHS ____ DAYS

10)	ANY OTHER SERVICE/ WORK DONE IN CENTRE WITH COVID-19 PREVENTION/CURE/TREAT LIKE (OTHER THAN ACTUAL SERVICE IN THE COVID WARD i.e AWARENESS PROGRAMME/HELP TO COVID PATIENTS/RESEARCH IN THE COVID TREATMENT, ETC.)
11)	YOU CAN ATTACH EXTRA PAGES FOR THE EXPLAIN/DETAILS OF YOUR SERVICE.
12)	SIGNATURE
13)	ENCLOSURE:
	<ol style="list-style-type: none"> 1. SELF ATTESTED PHOTOCOPY OF THE AADHAR CARD/ELECTION CARD 2. MSDC REGISTRATION RENEWAL RECEIPT 3. FOR ITEM NO.7,8,9 THE CERTIFICATE ISSUED BY CONCERN AUTHORITY LIKE CIVIL SURGEN/ DISTRICT HEALTH OFFICER/TALUKA HEALTH OFFICER/ DEAN OF THE MEDICAL/DENTAL COLLEGE/ CHIEF OFFICER OF MUNICIPAL COUNCIL, ETC. 4. FOR ITEM NO.10 THE PARTS OF THE ACTIVITY LIKE PHOTOS, NEWS PUBLISHED IN THE NEWS PAPER, ACTIVITY REPORT, BENEFICIARY DETAILS/RESEACH DETAILS, ETC.
	<p>PROCEDURE:</p> <ol style="list-style-type: none"> 1. FILL THE FORM AND SEND WITH ATTACHED TO EMAIL ID msdcmumbaihelpdesk@gmail.com OR BY POST <u>UPTO 29TH JANUARY 2021.</u> <p style="text-align: center;">MAHARASHTRA STATE DENTAL COUNCIL, MUMBAI :Extension Office:- Government Dental College and Hospital, Third Floor, St. George Hospital Compound, Near C.S.T. Railway Station, Mumbai-400 001</p> <ol style="list-style-type: none"> 2. AFTER SCRUTINY THE APPLICATION IF NEEDED MSDC CAN ASK FOR ANY DETAILS OR COMPLIANCE. <p>MSDC WILL APPOINT THE COMMITTEE TO SELECT THE APPLICATION FOR THE DENTSITS COVID WARRIOR. MSDC WILL HONOUR THEM WITH A SPECIAL CERTIFICATE.</p>

PLACE:_____.

DATE: DD/MM/YYYY