

File No. :

**KERALA DENTAL COUNCIL  
THIRUVANANTHAPURAM  
REQUISITION FORM FOR CDE CREDIT POINTS**

Name of Organization • .....  
(IDA, College, Approved organization as per CDE guidelines of KDC 19-12-2009)

Topic: .....

Date(s) : ..... Venue : .....

Time (Day) 1, 2, 3: .....

Credits point expected .....

Place : ..... Signature : .....

Date : ..... Name : .....

Designation : .....

Address for Communication : .....

Mob : .....

E-mail : .....

- List of encl:* 1. A Self addressed stamped envelope.  
2. One Brochure/ invitation card with time schedule of CDE programme detailing subject and faculty

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**Office Use**

Credit points allotted .....

Name of the observer ..... Mob .....

If no points allotted, reason .....

Note : Credit points once allotted shall be liable to be reviewed in case of violation of guidelines issued by the Council or change in programme without consent of Council.

REGISTRAR