



# Maharashtra University of Health Sciences

Recognised

## Fellowship Programme in Lingual Orthodontics

Conducted by  
Indian Dental Association & Indian Orthodontic Society

Duration  
1 year (4 modules each of 3 days)

## Eligibility

- MDS in Orthodontics and Dentofacial Orthopedics. Candidate with Recognized Degree by DCI will be eligible.

## Method

- Lectures, Didactics and typodont exercises and digital simulation.
- Hand-On training and demonstration of Laboratory and Clinical Procedures.
- Clinical Training On Patients.
- Group work on-site and webinars and interaction.

## Objectives

- Knowledge in the area of lingual orthodontics.
- To develop Skills using this Invisible system in improving standards of treating patients.
- Human values, ethical practice and communication abilities.

## Outcome of Fellowship

- Ability to treat lingual cases effectively with any of the available systems manual or digital
- Ability to handle simple to complex cases with the lingual appliance

## Faculty



Prof. Sanjay Labh



Prof. Surya Kanta Das



Dr. Aravind M.



Dr. Divyaroop Rai

## The 4 Modules

### Module 1

- ◆ Introduction and planning with lingual Orthodontics.
- ◆ Introduction of bracket system and Different laboratory techniques.
- ◆ Theoretical and clinical aspects for lingual therapy
- ◆ Metal Typhodont exercise--Theoretical and clinical aspects of Angle Class I, II and III malocclusions in the lingual bracket systems-Metal Typhodont exercise.
- ◆ Case allotment- prerecord case preparation and Record taking
- ◆ Diagnosis and treatment planning of the case allotted
- ◆ Virtual/Manual setup and case preparation for bonding.
- ◆ Impression making technique

### Module 2

- ◆ First appointment – Bonding of case and placement of initial wire under the guidance of mentor.
- ◆ Theory and case discussions on Biomechanics and tips and tricks in lingual orthodontics.
- ◆ Theory and case discussions on choice of extractions in the lingual mechanics.
- ◆ Theory and case discussions aspects of non-extractions cases and use of IPR in the lingual MECHANICS

### Module 3

- ◆ Special interdisciplinary orthodontic, periodontics and prosthetic and prosthetic cases in the lingual technique.
- ◆ Seminar/Journal club presentation by the participants.
- ◆ Use of TAD's in Lingual Orthodontics and Discussion on different clinical cases.
- ◆ Rectangular arch wire bending
- ◆ To evaluate the progress of the allotted case

### Module 4

- ◆ Finishing and detailing of the allotted case
- ◆ Final Arch wire making placement.
- ◆ Follow-up of lingual.
- ◆ Practice management and promotion of lingual orthodontics.
- ◆ Assessment test –Certification presentation

## Syllabus: Theory and Hands on (Intraoral Scanning, Digital Orthodontics & Aligners)

### 1<sup>st</sup> Session – 2 Hours

- 1) Why Digital - 30 min
  - Analogue v/s Digital orthodontic workflow
- 2) Introduction - 30 min
- 3) 360 degree Impact of Aligners on Orthodontic Practice – 1 hr

### 2<sup>nd</sup> Session – 2 Hours

- 1) Scanning Technique - 30 min
  - Live Virtual Demo
  - Basic Do's and Dont's
- 2) Aligner's features with their Clinical application - 1 hr
  - Occlusogram, Timelapse, IOSimetc
- 3) Orthodontic Lab Workflow – 30 min

### 3<sup>rd</sup> Session – 2 Hours

- Hands - On for all Participants - 3 hrs
- Scanning on Dental Models
  - Usage of Scanner
  - How to send scan cases to Lab for Digital Ortho Work.

## List of Instruments (to be brought by the participants)

- Distal End Cutter
- Lingual Pin And Lig Cutter
- Thin Beak Weingart Pliers
- Curved Mosquito Forcep
- Tweeds Plier
- Light Arch Wire Plier
- Bracket Holding Tweezer
- Ligature Director
- Lingual Turret
- Orthodontic Brackets
- Impression Trays
- Intraoral Mirrors
- Cheek Retractors

Title	Fees
Fellowship Course in Lingual Orthodontics	₹193000

**\*Fee includes:** Tution fee, Application fee, Eligibility fee, Exam fee, Material & Consumables, Lunch & Breakfast

## For further details, please connect with



Dr. Afreena Khan at 9167755833



[afreena@wds.org.in](mailto:afreena@wds.org.in) / [muhsfellowship.ida.org.in](http://muhsfellowship.ida.org.in)

## Venue

**Dr. APJ Abdul Kalam Research Centre & Super Specialty Dental Clinic**

Indian Dental Association (Head Office)

2<sup>nd</sup> Floor, Sane Guruji Premises, 386, Veer Savarkar Road,

Prabhadevi, Mumbai - 400025

Url: [apjerc.org.in](http://apjerc.org.in)



**MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES, NASHIK**  
**Application Form for Admission to Fellowship/Certificate Courses**  
**(at Affiliated Training Center level)**

**Academic Year : 2020-21**

Please Affix  
your Recent  
Passport  
size  
photograph

**Course Preference**

Sr. No.	Name of Training Center/Institute/College	Name of Course
1.	Indian Dental Association's Educational Training Centre	

I confirm my intention to attend the study course in Fellowship / Certificate Course. I accept the University admission procedures and understand that the processing of personal information and documents is subject to the requirements of the data protection act.

1	Full Name of the Applicant	
2	Address for Correspondence	
3	E-mail ID	
4	Mobile No.	
5	Gender	
6	Date of Birth	
7	Nationality	
8	Domicile	
9	Caste & Sub-Caste	
10	Category	
11	Marital Status	
12	Physically Handicapped?	
13	<b>Educational Qualification :</b>	
	Whether Post-Graduate Diploma / Degree Qualification?	
	If Yes, no. of Attempt(s)	
	Under-Graduate Percentage	
	XII Percentage	

Exam Pass	Year of Passing	Name of Board / University	Name of Institute / College	Result / Attempt(s)	Total Marks / Percentage	Grade
-----------	-----------------	----------------------------	-----------------------------	---------------------	--------------------------	-------

14	Presently secured admission for any UG / PG / Diploma Courses ?					
15	Discontinued any PG admission in Past ?					
16	Professional Work (teaching / non-teaching) Experience of being worked on the post of Resident (Senior for PG Degree / Diploma Holder and Junior for Graduate degree holder) / Tutor / Lecturer / Medical Officer					
17	Whether you are presently working in Govt./Aided/Corporation conducted Health Sciences Colleges affiliated to this University? If Yes, Name of College :					
18	Registered Practitioner details with respective State/Central Registrations Council Completed?					
19	Experience Detail :					
	Name of Institute	Post Held	Period		Pay Details	Reason for Leaving
			From	To		
20	Application Fee Detail :					
	Demand Draft No.	Date	Amount	Name of Payee Bank		

### DECLARATION

I hereby declare that I have not taken admission in any other UG / PG Degree / Diploma course during academic year and not in previous year in MUHS or in any other University. I further declare that, if it is proved that I have secured admission for any of the UG / PG course presently and / or discontinued admission in past, MUHS has full right to cancel my current year admission without any refund.

The above furnished information by me is correct and true to the best of knowledge and belief. If any information submitted here is incorrect, untrue or fraudulent, I understand that I am liable for Civil / Criminal action by the Authority.

**Place :**

**Date :** / / 2021

**Signature of Applicant**

**List of Documents prescribed by the University to be submitted at the respective Training Center(s) :-**

- 1) Details of the Original documents to be submitted at the time of counselling at Training Centre along with two sets of self-attested photo copies by the candidate as per below:
- 2) An incomplete application form will be rejected.
- 3) Following self-attested photocopies are required to be submitted along with the application form strictly in given order:

<b>Sr. No</b>	<b>List of Documents Required for Online Centralized admission procedure for A.Y. 2020-21.</b>
1.	a) Nationality Certificate issued by District Magistrate, Additional District Magistrate, Chief Metropolitan Magistrate <b>or</b> b) Photo copy of Valid Passport duly attested by Head of. Department <b>or</b> c) Birth Certificate having endorsed with nationality as Indian on it.
2.	Maharashtra State Domicile Certificate
3.	Passing /Degree Certificate and <b>Marklist (s) of all qualifying examination</b> a) Higher Secondary Certificate (HSC) Examination Marklist, b) Under Graduate (UG) Final Year Part-I & Part-II Marklist, c) PG Diploma / Degree (as per the prescribed eligibility of the concerned course)
4.	Internship Completion Certificate (If applicable).
5	Valid Registration certificate from the Respective Council <b>or</b> attach renewal receipt.
6	College leaving Certificate (LC/TC).
7	Attempt Certificate(s) of all qualifying examinations in <b>Post Graduate / DNB / Diploma / Degree (as the case may be)</b> course from Head of the Institute (If applicable)
8	Gazette for change in name (If applicable )
9	Migration Certificate issued by the respective University (If applicable )
10	Self-Educational Gap Certificate (after qualifying Degree) Affidavit by student certified by Executive Magistrate/ Notary. (If applicable)
11	In case of in service candidate: No Objection Certificate and he or she shall submit the application through proper channel as per rules applicable to his or her case. In service teaching faculty working with MUHS affiliated college(s), willing to apply for In service teaching faculty reservation quota. Must ensure about her suitability and such in service teaching faculty of MUHS affiliated college(s) must possess valid University approval letter issued for his / her current appointment.
12	Experience Certificate of Professional work (teaching / non-teaching) Experience of being worked on the post of Resident (Senior for PG degree/ Diploma Holder and Junior for Graduate degree holder ) / tutor/ lecturer/ medical officer
13	Bond Completion Certificate as prescribed by State Govt. / DMER / MEDD (as applicable)
14	For Fellowship Course under Medical Faculty, qualification(s) awarded by College of Physician Surgeon shall be considered if the qualification is equivalent to the eligibility prescribed for concerned course by the University and as per the norms prescribed by MCI, New Delhi.
15	Medical Fitness Certificate (as per format made available by the University)
16	Self-declaration form for self-attestation (as per format made available by the University)

**CERTIFICATE OF MEDICAL FITNESS**

**This is to certify that I have conducted clinical examination of**  
**Dr./Mr./Kum.....** who is desirous of admission to Fellowship/OR Certificate Course he/she has not given any personal history of any disease in incapacitating him/her to undergo the professional course. Also, on clinical examination it has been found that he/she is medically fit to **undergo said course.**

- a) Absence of any incapacitating and /or progressive systemic disease / disorder / condition,
- b) Absence of any disability of upper limb/s,
- c) Absence of any major visual/auditory disability,
- d) Absence of psychosis/neurosis/mental retardation,
- e) Ability to maintain erect posture,
- f) Reasonable manual dexterity.

**Date:**

**Signature:**

**1. Name:**

**2. Registration No:**

**3. Address of the Registered Medical Practitioner:**

**Seal of Registered Medical Practitioner**

**Note:**

A candidate must be medically fit to undergo **Fellowship/Certificate Course** applied for. The medical fitness must be certified by a **Registered Medical Practitioner** in the prescribed Performa, as given above on a **Letter head.**



# Self- Declaration Form For Self Attestation

Paste here  
Recently  
Passport  
Size Photo

I .....Son /Daughter of  
Shri.....aged .....years  
Occupation.....resident of .....  
.....with  
UID No. (Aadhar No.) .....hereby declare that the  
copies attested by me are true copies of original documents. I am well aware of the fact that if the copies are  
found to be false, I shall be liable for prosecution and punishment under Indian Penal Code and /or any  
other law applicable there to.

**Place** :

**Applicant's Signature:**

**Date** :

**Applicant's Name:**

# Covering Letter / Letter head of concerned Affiliated Training Centre

## Provisional Admission to the Fellowship / Certificate Course

Admission Year : 2020-21

### ALLOTMENT LETTER (Training Centre Level First Round)

Name of the Candidate	.....
Email Address	..... Mobile :.....
PG Course Merit No	..... UG Course Merit No:- ... XII Merit No:- .....
Priority Allotted	1 Application No : 2020/FCC/.... Teachers Quota Claim : Y/N
Course Allotted	Fellowship Course in .....

#### This allotment is subject to following assumptions and / conditions:

- 1) The admission is provisional subject to grant of eligibility and registration from the University.
- 2) In case of Candidate(s) passed from Govt./Aided/Corporation college(s)/Institute(s) and those required to complete their Bond Service(s) shall have to submit the Bond completion certificate. It shall be the duty and entire responsibility of the concerned Dean /Principal/ Director of college(s)/Institute(s)/affiliated training institute(s) to check and verify about conformity of Bond completion certificate as per the policy of Govt. of Maharashtra / DMER Mumbai as applicable in the your case.
- 3) It is the duty of In service applicant (teaching or Non-teaching) to get relieved through proper channel from their employer as per their service conditions and submit relieving order before taking admission to Fellowship /Certificate Course at the concerned Affiliated Training Center
- 4) The Applicant has perused and all the provisions prescribed vide University Direction No. 5/2017 (Amended) and admission Notification No 02/2021 dated 08/01/2021 and Training Centre Level Round Admission Circular dated 07/05/2021 will abide by the same.

#### Important Notice:

- 1) If You are willing to retain/confirm the allotted seat, then you should report, join and submit 75% course fees to the affiliated training centre and 25% Administrative charges to the University as prescribed by the University vide above said admission Notification. You will be required to submit the Retention **Form** and all relevant original documents to the concerned Training Centre within stipulated time.
- 2) The candidates who have got admission will have to accept the allotted admission, otherwise they will be opted out of admission for this year admission process. You should deposit University administrative charges (25% Administrative charges) to the University through RTGS/NEFT to the account as mentioned below and shall communicate Retention of the allotted seat on fcc@muhs.ac.in through the concerned training center.

Name of Account : Registrar Maharashtra University of Health Sciences,  
Nashik Saving Account No : 00641450000649  
Name of Bank : HDFC Bank, Thatte Nagar, Gangapur Road  
Branch, Nashik IFSC Code : HDFC 0000064

- 3) The last date to fill "Status Retention Form", if desired by the candidate at the respective Training Centre is **05th July 2021**. A copy of Retention Form is attached as Annexure-A.
- 4) Candidates will have to submit eligibility proposal through respective Training Centre, and will have to pay the prescribed Eligibility fees as notified by the University.
- 5) The Candidate is required to submit documents or fulfill such conditions before taking admission to the concerned Training Centre. In case of non- submission of documents or non- fulfillments of relevant conditions, the candidate shall not be eligible for admission.
- 6) The University have right to cancel the admissions at any time, if found not in order.

**Name & Signature of  
Director/Dean/Principal/HOD/Coordinator  
(with Stamp of concerned Training Centre)**

**Copy to:-** HOD, University Department Cell,  
Fellowship/ Certificate Course(s) Section,  
MUHS, Nashik – 422 004

# Status Retention Form

Annexure-A

(To be sent to Competent Authority/Registrar by the affiliated Training Centre)

Name of the Candidate	.....
PG Merit No	..... UG Merit No:- ..... XII Merit No:- ..... Teachers Quota Claim : Y/N
Name of Training Centre Allotted	..... .....
Course Allotted	Fellowship Course in .....
Priority Allotted	1 Application No : 2020/FCC/.... Mobile No :- ..... ..
Address	..... .....

To  
The Competent Authority/Registrar,  
Fellowship/Certificate Course Admission Process, MUHS, Nashik

Sir/Madam

I, ....., wish to retain the seat allotted to me at .....for Fellowship / Certificate Course in ..... for A.Y. 2020-21.

### Declaration

I am fully aware that after filling this Status Retention Form, I will not be considered for any subsequent rounds of selection process for the year 2020-21. I also declare that I will not ask for reconsideration of my name for further selection process.

Date:

Place: Signature of Applicant

Signature of Dean/Principle with Seal of  
affiliated Training Centre

(cut here)-----

### (To be retained by the affiliated Training Centre)

To  
The Competent Authority/Registrar,  
Fellowship / Certificate Course Admission Process, MUHS, Nashik

Sir/Madam

I, ....., wish to retain the seat allotted to me at .....for Fellowship / Certificate Course in ..... for A.Y. 2020-21.

### Declaration

I am fully aware that after filling this Status Retention Form, I will not be considered for any subsequent rounds of selection process for the year 2020-21. I also declare that I will not ask for reconsideration of my name for further selection process.

Date:

Place: Signature of Applicant

Signature of Dean/Principle with Seal of  
affiliated Training Centre



# Maharashtra University of Health Sciences

## Fellowship in Lingual Orthodontics

One-of-its-kind

Hands on Course on Patients  
along with aligner Training

 9167755833





IDA joins hands with Indian Orthodontic Society for

# Maharashtra University of Health Sciences

## Fellowship in Lingual Orthodontics

### About Us:

The Indian Dental Association is an independent and recognized voice of dental professionals in India strongly committed to dental excellence.

The Indian Orthodontic Society is a strong professional society with 5000+ members which is the first Specialty Society of Dentistry in India.

### Course Outline:

#### Duration

4 modules  
each of 3  
days during  
one year time

#### Eligibility

MDS, Orthodontics &  
Dentofacial  
Orthopedics.  
Candidate with  
Recognized Degree by  
DCI will be eligible

#### Faculty

Dr. Sanjay Labh,  
Dr. Surya Kanta  
Das,  
Dr. Aravind M.,  
Dr. Divyaroop Rai

#### Fees

₹. 1,90,000/-  
(EMI option available)

#### Venue

Dr. APJ Abdul Kalam  
Research Centre,  
Prabhadevi, Mumbai.

For Brochure & Application form,

✉ [dsegregation@ida.org.in](mailto:dsegregation@ida.org.in)

☎ Dr. Afreena at 9167755833

**HURRY!!!**  
Limited Seats