

## REPORT OF HOST INSTITUTE

1. **Name of Professor** : **Prof. Jocelyne Feine**  
(under whom training was carried out)
  
2. **Name and address of host institute :**  
Faculty of Dentistry, McGill university, 3640, University Street,  
Montreal, Quebec, Canada H3A 2B2
  
3. **Duration of fellowship** : Six Months
  
4. **Brief highlights of the achievements** : Planning and organization of  
study. Learning about measurement of osseointegration of Mini Dental  
Implants and related literature review. Participation in a clinical study of  
Mini Dental Implants in edentate patients.
  
5. **Your assessment of the ICMR-IF** : Excellent
  
6. **Any other comments** : None



**Signature**

**Name, Designation and Host Institute address:**

**Prof. Jocelyne Feine**

Faculty of Dentistry, McGill university, 3640, University Street, Montreal,  
Quebec, Canada H3A 2B2