



**CARE AND CONCERN  
FAMILY SECURITY SCHEME**

(Please fill all information in Capital Letters)

Name																				
Address																				
Telephone (with STD Code)	Off :																			
	Res :																			
	Mobile :																			
Email																				
Qualification																				
IDA Local Branch																				
Life / Annual Membership No. <small>(Strikeout which is not applicable)</small>																				

**NOMINEE WITH ADDRESS**

Nominee Name											Relationship of the Nominee										
Address																					
Membership Type	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> LIFE	(IDA Life Members can only Join as Life Members in Care & Concern)																		
Mode of Payment Cheque / DD Number																					
Bank Name																Date :					

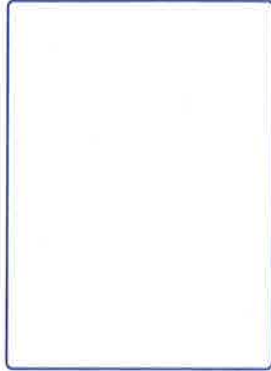
**For Further Details :**  
**SREE SAROJAA MULTI SPECIALITY DENTAL CLINIC**  
Opp. A.R. Line, Cherry Road, Kumarasamyptty, Salem - 636 007  
Cell : 99423 - 49432 | Email : tnstateida@gmail.com.

**For Membership Queries :**  
**93853 19220**

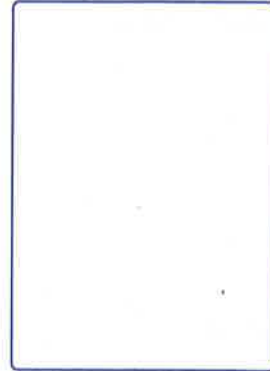
# CARE AND CONCERN FAMILY SECURITY SCHEME

(Please Affix the Passport size Photos)

MEMBER



NOMINEE-1



Dental Council Registration No. \_\_\_\_\_ of \_\_\_\_\_ State

Name of the father \_\_\_\_\_ & Mother \_\_\_\_\_

NAME

SPECIMAN SIGNATURE

Member : \_\_\_\_\_

Nominee : \_\_\_\_\_

## DECLARATION

I hereby declare that the information given above is true.

I am aware of the rules and regulation of family security scheme of IDA Tamilnadu- \* Care and Concern and I will abide by it.

*Signature of the Member*

LOCAL BRANCH SECRETARY

BRANCH SEAL

LOCAL CONVENER - CARE & CONCERN

OFFICE USE :

Received Date :

Receipt No.

State Sec. Signature  
& Date :