



# IDA TAMILNADU STATE SPEAKER DATABASE

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**Speaker Name** :  Photo  
**Date Of Birth** :   
**Gender** :   
**IDA Membership Number** :  **Branch Name** :

**TN Dental council Reg.No** :   
**Address** : 


**Pincode** :   
**Mobile Number** :   
**Email ID** :

**Educational Qulification** :

Course	Institute	Yr. Of Passed

Speacialization	Regd. No	State

**Working Experience** : 


**Academic Achevements** :

**Publications:**

SI No	Authors / Title / Journal / Year, Volume, Page

Systematic Review Protocol Registered In Prospero:

Chapter In Text Book:

Founded Projects:

Sl. No	Principal Investigate or Co-Investigate	Title of the Project	Finding Agency	Quantum Of Funds	Status

Awards Won:

Guest Lectures:

Conference Organized :

I \_\_\_\_\_ do hereby conform that all the above information is true to the best of my knowledge.

Place :  
Date :

Speaker Signature