ida

Indian Dental Association

Application for Membership

Please complete this Application form legibly in all respects, using Capital Letters

Signature

Type of Membership	1.Annual ☐ 2.Silver ☐ 3. Gold ☐ 4. Life ☐
General Information	Title ☐ Last Name ☐ First Name ☐ Middle Name ☐ Preferred Name (for mailing) ☐
Personal Information	DD MM YY ☐ Sex M ☐ F ☐ Martial Status M ☐ S ☐ Blood Group ☐ Name of Spouse ☐ IS your Spouse a Dentist Y ☐ S ☐ Number of Child ☐ IS your Spouse a Member of IDA Y ☐ S ☐
Educational Qualification.	Graduation / University ☐ Institute ☐ Yr. of Passing ☐ Post Graduation / University ☐ Yr. of Passing ☐ Specialization ☐ Regd. No. ☐ State ☐
Practice Information	Type of Practice : General Practice ☐ Endodontics ☐ Periodonticss ☐ Orthodontics ☐ Pediatric Dentistry ☐ Prosthodontics ☐ Oral & Maxilofacial Surgery ☐
Affiliation	Institute / Hospital ☐
Designation	Lecturer ☐ Asso. Professor ☐ Professor ☐ Dean ☐ Director ☐ Oral Pathologist ☐ Prothodontist ☐ Pedodontist ☐ Periodontist ☐ Orthodontist ☐ Dental Surgeon ☐ Others ☐
Mailing Address	(Please Indicate preference of mailing Address) 1 ☐ 2 ☐ 3 ☐
1. Office Address	Practice Name ☐ Address ☐ Area ☐ City ☐ Dist ☐ Taluka ☐ Pin Code ☐ State ☐ Tel No. 1 ☐ Tel No. 2 ☐ Fax No. ☐ Mobile No. ☐ Office Timing ☐ Email Address 1 ☐ 2. ☐

2. Office Address

Practice Name

Address

Area | City ☐ Dist ☐ | Taluka | Pin Code

State | Tel No. 1 | Tel No. 2

Fax No. | Mobile No. | Office Timing

3. Home Address

Address

Area | City ☐ Dist ☐ | Taluka | Pin Code

State | Tel No. 1 | Tel No. 2

Nominee Details
(for IDA's National Social Security Scheme)

Title | Last Name | First Name | Middle Name

Age | Relation :

Declaration

☐ By becoming an IDA Member, herewith I Provide my consent to be a part of IDA's National Social Security Scheme.

☐ By becoming an IDA Member / submitting this application form, I agree hereby to receiving sms and email messages, reminders, information from IDA about Membership, Activities, Conferences, & Exhibitions and continuing Dental Education

I Declare that I have read all the details of the IDA constitution, Bye-Laws, NSS Scheme - Rules & regulations, Code of ethics & professional conduct and resolve to abide by them. I am not a member of any association functioning parallel to IDA (This does not include specialty societies) In my area & have not been convicted by any court of law. Iam not engaged in any activity detrimental to the interest of any association. I solemnly declare that the contents of this application form are correct to the best of my knowledge and information. I agree that if anything contained here is found to be false, my membership of Indian Dental Association is liable to be cancelled Immediately.

(New Members must attach supporting documents)

Signature : ____________________ Date : ____________________

Office Use Only

IDA HO Address	State Br. Address	Local Br. Address
Indian Dental Association Sane Guruji Premises1st Floor, Block No.6 ,386 Opp. Siddhivinayak Mandir, Veer Savarkar Marg, Prabhadevi, Mumbai - 400025. Tel : 022 43434545 / 35 Fax : 022 23685613 Email : ho@ida.org.in	**Indian Dental Association** **SREE SAROJAA MULTI SPECIALITY DENTAL CLINIC** Opp. A.R. Line, Cherry Road, Kumarasamypatty, Salem - 636 007 Cell : 99423 - 49432 Email : tnstateida@gmail.com.	
Date & Signature	Date & Signature	Date & Signature

Remarks