



Application for Membership

Please complete this application form legibly in all respects, using capital letters.

Type of Membership	1. Annual <input type="checkbox"/> 2. Silver <input type="checkbox"/> 3. Gold <input type="checkbox"/> 4. Life <input type="checkbox"/> 5. Affiliate <input type="checkbox"/> 6. Renewal <input type="checkbox"/>					
General Information	Title <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>		
	Preferred Name (for mailing) <input type="text"/>					
Personal Information	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Marital Status M <input type="checkbox"/> S <input type="checkbox"/>	Blood Group <input type="text"/>		
	Name of Spouse <input type="text"/>	Is your Spouse a Dentist Y <input type="checkbox"/> N <input type="checkbox"/>	Number of Children <input type="text"/>	Is your Spouse a Member of IDA Y <input type="checkbox"/> N <input type="checkbox"/>		
Edu. Qualification	Graduation <input type="text"/>	University <input type="text"/>	Institute <input type="text"/>	Yr. of Passing <input type="text"/>		
	P.G. <input type="text"/>	University <input type="text"/>	<input type="text"/>	Yr. of Passing <input type="text"/>		
	Specialisation <input type="text"/>	Regd. No. <input type="text"/>	State <input type="text"/>			
Practice Information	Oral & Maxillofacial Pathology <input type="checkbox"/> General Practice <input type="checkbox"/> Endodontics <input type="checkbox"/> Periodontics <input type="checkbox"/> Orthodontics <input type="checkbox"/> PHD <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral & Maxillofacial Surgery <input type="checkbox"/> OMDR <input type="checkbox"/>					
Affiliation	Institute / Hospital <input type="text"/>					
Designation	Lecturer <input type="checkbox"/> Asso. Professor <input type="checkbox"/> Professor <input type="checkbox"/> Dean <input type="checkbox"/> Director <input type="checkbox"/> Oral Pathologist <input type="checkbox"/> Prosthodontist <input type="checkbox"/> Pedodontist <input type="checkbox"/> Periodontist <input type="checkbox"/> Orthodontist <input type="checkbox"/> Dental Surgeon <input type="checkbox"/> Others <input type="checkbox"/>					
Mailing Address	(Please indicate preference of mailing address) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>					
1. Practice Address	Clinic Name <input type="text"/> Address* <input type="text"/> Area <input type="text"/> City <input type="text"/> Dist. <input type="text"/> Taluka <input type="text"/> Pin Code* <input type="text"/> State* <input type="text"/> Tel. No. <input type="text"/> Cell Number* <input type="text"/> Office Timing <input type="text"/> Email Address 1 <input type="text"/> 2 <input type="text"/>					

2. Practice Address

Practice Name Address

Address

Area City Dist. Taluka Pin Code

State Tel. No.

Office Timing

3. Residential Address

Address

Address

Area City Dist. Taluka Pin Code

State Tel. No. 1 Tel. No. 2

Subscription

(NOTE: GST 18% included in Membership Fee)

<p>A) Annual Member: Admission fee: Rs. 354/- Annual /Renewal fee (yearly): Rs. 1239/- Contribution towards NSS Scheme: Rs.118/- Rs.1711/-</p>	<p>B) Gold Member Admission fee Rs. 354/- Gold Membership fee (10 years) Rs.12390/- Contribution towards NSS Scheme Rs.1180/- Rs.13924/-</p>	<p>C) Silver Member Admission fee Rs.354/- Silver Membership fee (5 years) Rs.6195/- Contribution towards NSS Scheme Rs.590/- Rs.7139/-</p>
<p>D) Life Member: - Admission fee Rs.354/- Life Membership fee (one time) Rs.23069/- Contribution towards NSS Scheme: Rs.3068/- Rs.26491/-</p>	<p>F) Renewal Fee: Rs. 1357/-</p>	

G) Affiliate member annual fee - US \$100 (Payable only at IDA HO)
Affiliate member life fee - US \$ 350 (payable only at IDA HO)

Cheque / DD Number Date / Month Year Bank

* Enrolment / Renewals can be made either at IDA HO / State / Local Branches.
 * Outstation payment to be made by DD/Cheque payable at par Mumbai.

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 hereby agree to receive SMS, E-mails, reminders & information from IDA about Membership, Activities, Conferences, Exhibitions, Continuing Dental Education programmes, Publications & Catalogues

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. I am 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 herein 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 Branch Address	Local Branch Address
Indian Dental Association 3rd Floor, Unit no.3A, Zone 1, DGP House, 88C Old Prabhadevi Road, Prabhadevi, Mumbai - 400 025 Maharashtra Tel: 022 43434545 Email: membership@ida.org.in	Dr.MAHESH CHANDRA.K SMILE CARE DENTAL CLINIC #299,6th MainRoad, Ramanjeneya Main Road, Srinagar,Bengaluru-560050 Mobile: 9845571071 E mail: karidasec@gmail.com secidakar@gmail.com	Dr.D.V.VIDHYASAGAR SAGAR DENTAL CARE Devasandra Main Road,K.R.Puram Bengaluru-560036 Mobile: 9342819717 bengaluruidasecretary@gmail.com
Date & Sign	Date & Sign	Date & Sign