

Photo

Signature

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	<p>Title <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/> Last Name <input type="text"/></p> <p>Preferred Name (for mailing) <input type="text"/></p>			
Personal Information	<p>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"/></p> <p>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"/></p>			
Edu. Qualification	<p>Graduation <input type="text"/> University <input type="text"/> Institute <input type="text"/> Yr. of Passing <input type="text"/></p> <p>P.G. <input type="text"/> University <input type="text"/> Institute <input type="text"/> Yr. of Passing <input type="text"/></p> <p>Specialisation <input type="text"/> Regd. No. <input type="text"/> State <input type="text"/></p>			
Practice Information	<p>Oral & Maxillofacial Pathology <input type="checkbox"/> General Practice <input type="checkbox"/> Endodontics <input type="checkbox"/> Periodontics <input type="checkbox"/> Orthodontics <input type="checkbox"/></p> <p>PHD <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Oral & Maxillofacial Surgery <input type="checkbox"/> OMDR <input type="checkbox"/></p>			
Affiliation	Institute / Hospital <input type="text"/>			
Designation	<p>Lecturer <input type="checkbox"/> Asso. Professor <input type="checkbox"/> Professor <input type="checkbox"/> Dean <input type="checkbox"/> Director <input type="checkbox"/></p> <p>Oral Pathologist <input type="checkbox"/> Prosthodontist <input type="checkbox"/> Pedodontist <input type="checkbox"/> Periodontist <input type="checkbox"/> Orthodontist <input type="checkbox"/></p> <p>Dental Surgeon <input type="checkbox"/> Others <input type="checkbox"/> <input type="text"/></p>			
Mailing Address	(Please indicate preference of mailing address) 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			
1. Practice Address	<p>Clinic Name <input type="text"/></p> <p>Address* <input type="text"/></p> <p>Area <input type="text"/> City <input type="text"/> Dist. <input type="checkbox"/> Taluka <input type="text"/> Pin Code* <input type="text"/></p> <p>State* <input type="text"/> Tel. No. <input type="text"/></p> <p>Cell Number* <input type="text"/> Office Timing <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>1 <input type="text"/> 2 <input type="text"/></p>			

2. Practice Address	<div>Practice Name<div></div></div> <div>Address<div></div></div> <div>Address<div></div></div> <div>Area<div></div>City<div></div>Dist.<div></div>Taluka<div></div>Pin Code<div></div></div> <div>State<div></div>Tel. No.<div></div></div> <div>Office Timing<div></div></div>			
3. Residential Address	<div>Address<div></div></div> <div>Address<div></div></div> <div>Area<div></div>City<div></div>Dist.<div></div>Taluka<div></div>Pin Code<div></div></div> <div>State<div></div>Tel. No. 1<div></div>Tel. No. 2<div></div></div>			
Subscription	<div>(NOTE: GST 18% included in Membership Fee)</div> <div><div><div>A) Annual Member:</div><div>Admission fee: Rs. 354/-</div><div>Annual /Renewal fee (yearly):Rs.1239/-</div><div>Contribution towards NSS Scheme: Rs.118/-</div><div>Rs.1711/-</div></div><div><div>B) Annual Member with PI*</div><div>Admission fee: Rs. 354/-</div><div>Annual /Renewal fee (yearly):Rs.1239/-</div><div>Contribution towards NSS Scheme: Rs.118/-</div><div>Professional Indemnity Insurance (PI): Rs.1150/-</div><div>Rs.2861/-</div></div><div><div>C) Silver Member</div><div>Admission fee Rs.354/-</div><div>Silver Membership fee (5 years) Rs.6195/-</div><div>Contribution towards NSS Scheme Rs.590/-</div><div>Rs.7139/-</div></div><div><div>D) Gold Member</div><div>Admission fee Rs. 354/-</div><div>Gold Membership fee (10 years) Rs.12390/-</div><div>Contribution towards NSS Scheme Rs.1180/-</div><div>Rs.13924/-</div></div><div><div>E) Life Member: -</div><div>Admission fee Rs.354/-</div><div>Life Membership fee (one time) Rs.23069/-</div><div>Contribution towards NSS Scheme: Rs.3068/-</div><div>Rs.26491/-</div></div><div><div>F) Renewal Fee: Rs. 1357/-</div></div><div><div>G) Affiliate member annual fee - US \$100 (Payable only at IDA HO)</div><div>Affiliate member life fee -US \$ 350 (payable only at IDA HO)</div></div><div><div>Cheque / DD Number<div></div></div><div>Date / Month<div></div></div><div>Year<div></div></div><div>Bank<div></div></div></div><div><div>* Enrolment / Renewals can be made either at IDA HO / State / Local Branches.</div><div>* Outstation payment to be made by DD/Cheque payable at par Mumbai.</div></div></div>			
Nominee Details (for IDA's National Social Security Scheme)	<div><div>Title<div></div></div><div>Last Name<div></div></div><div>First Name<div></div></div><div>Middle Name<div></div></div></div> <div><div>Age: <div></div></div><div>Relation: <div></div></div></div>			
Declaration	<div><div><div>Tick here</div><div><input checked="" type="checkbox"/></div><div>By becoming an IDA member, herewith I provide my consent to be a part of IDA's National Social Security Scheme.</div></div><div><div>Tick here</div><div><input checked="" type="checkbox"/></div><div>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</div></div></div> <div><div>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.</div><div><div>(New members must attach supporting documents.)</div></div><div><div>Signature<div></div></div><div>Date:<div></div></div></div></div>			
Office Use Only	<div><div>IDA HO Address</div><div>State Branch Address</div><div>Local Branch Address</div></div> <div><div><div>Indian Dental Association</div><div>Sane Guruji Premises,1st floor,</div><div>Block No.6, 386,Veer Savarkar Marg</div><div>Opp. Siddhivinayak Mandir,</div><div>Prabhadevi, Mumbai - 400 025</div><div>Maharashtra</div><div>Tel: 022 43434545</div><div>022 43434535</div><div>Email: membership@ida.org.in</div></div><div><div></div></div><div><div></div></div></div> <div><div><div>Date & Sign</div></div><div><div>Date & Sign</div></div><div><div>Date & Sign</div></div></div>			
* Professional Indemnity Insurance (Under IDA Pro Plan)				
Sum Insured (₹)	10 lacs	25 lacs	50 lacs	1 cr
Premium with S.Tax (₹)	1150	2588	5031	10063
(For more info: Email: ida@esselfinance.com or Call 8879758346)				