

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	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"/> <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"/> <input type="text"/>			
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 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/>			

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>A) Annual Member: Admission fee: Rs. 354/- Annual /Renewal fee (yearly): Rs. 1239/- Contribution towards NSS Scheme: Rs.118/- Rs.1711/-</div><div>B) Gold Member Admission fee Rs. 354/- Gold Membership fee (10 years) Rs.12390/- Contribution towards NSS Scheme Rs.1180/- Rs.13924/-</div><div>C) Silver Member Admission fee Rs.354/- Silver Membership fee (5 years) Rs.6195/- Contribution towards NSS Scheme Rs.590/- Rs.7139/-</div><div>D) Life Member: - Admission fee Rs.354/- Life Membership fee (one time) Rs.23069/- Contribution towards NSS Scheme: Rs.3068/- Rs.26491/-</div><div>E) Renewal Fee: Rs. 1357/-</div><div>F) Affiliate member annual fee - US \$100 (Payable only at IDA HO) Affiliate member life fee - US \$ 350 (payable only at IDA HO)</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>* Enrolment / Renewals can be made either at IDA HO / State / Local Branches. * Outstation payment to be made by DD/Cheque payable at par Mumbai.</div></div>
Nominee Details (for IDA's National Social Security Scheme)	<div>Title<div></div>Last Name<div></div>First Name<div></div>Middle Name<div></div></div> <div>Age:<div></div>Relation:<div></div></div>
Declaration	<div><div>Tick here<div></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>Tick here<div></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>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>(New members must attach supporting documents.)</div> <div>Signature<div></div>Date:<div></div></div>
Office Use Only	<div><div>IDA HO Address<div>Indian Dental Association Sane Guruji Premises, 1st floor, Block No.6, 386,Veer Savarkar Marg Opp. Siddhivinayak Mandir, Prabhadevi, Mumbai - 400 025 Maharashtra Tel: 022 43434545 022 43434535 Email: membership@ida.org.in</div></div><div>State Branch Address<div></div></div><div>Local Branch Address<div></div></div><div><div>Date & Sign</div><div>Date & Sign</div><div>Date & Sign</div></div></div>