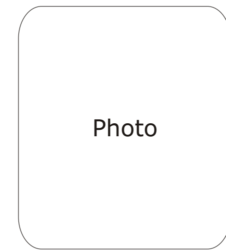
Indian Dental Association



Signature

Application for Membership

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

Type of Membership

1. Annual ☐ 2. Life ☐ 3. Direct ☐ 4. Affiliate ☐

General Information

Title | Last Name | First Name | Middlle Name

Preferred Name (for mailing)

Personal Information

MM DD YY | Sex M ☐ F ☐ | Marital Status M ☐ S ☐ | Blood Group

Name of Spouse | Is your Spouse a Dentist Y ☐ N ☐ | Number of Children | Is your Spouse a Member of IDA Y ☐ N ☐

Edu. Qualification

Graduation / University | Institute | Yr. of Passing

Post Graduation / University | Yr. of Passing

Specialisation | Regd. No. | State

Practice Information

Type of Practice: General Practice ☐ Endodontics ☐ Periodontics ☐ Orthodontics ☐

Pediatric Dentistry ☐ Prosthodontics ☐ Oral & Maxilofacial Surgery ☐

Affiliation

Institute / Hospital

Designation

Lecturer ☐ Asso. Professor ☐ Professor ☐ Dean ☐ Director ☐

Oral Pathologist ☐ Prosthodontist ☐ Pedodontist ☐ Periodontist ☐ Orthodontist ☐

Dental Surgeon ☐ Others ☐

Mailing Address

(Please indicate preference of mailing address) 1 ☐ 2 ☐ 3 ☐

1. Office Address

Practice Name | Address

Address

Area | City☐ Dist.☐ | Taluka | Pin Code

State | Tel. No. 1 | Tel. No. 2

Fax No. | Cell Number | Office Timing

Email Address

1 | 2

2. Office Address

Practice Name

Address

Address

Area | City☐ Dist.☐ | Taluka | Pin Code

State | Tel. No. 1 | Tel. No. 2

Fax No. | Office Timing

3. Home Address

Address

Area | City☐ Dist.☐ | Taluka | Pin Code

State | Tel. No. 1 | Tel. No. 2

Subscription

Subscription:

A) Annual Member:

Admission fee (New) **Rs. 300/-**

Annual /Renewal fee - **Rs.650/-**

B) Life Member: -

Admission fee (New) - **Rs.300/-**.

Life Membership fee (one time) Rs.10, 650/-

C) Affiliate member annual fee - US $100 (Payable only at IDA HO)

Cheque / DD Number | Date / Month | Year | Bank

Credit Card No.

* Enrolment / Renewals can be made either at IDA HO / State / Local Branches.
* Outstation Payment to be made by DD / Credit Card Only.

Declaration

I declare that I have read through the details of the IDA Application Form, the Constitution, Bye-Laws, Code of Ethics & professional conduct and resolve to abide by them. I am not a member of any association functioning parallel to IDA in my area & have not been convicted by any court of law. (This does not include specialty societies). I am not engaged in any activity detrimental to the interest of any association. The information provided by me is true & I hereby submit my application for membership to IDA.

(New members must attach supporting documents.)

Signature ______________________ Date: ______________________

Office Use Only

IDA HO Address

Indian Dental Association
Bombay Mutual Terrace, 2nd Flr.
534, Sandhurst Bridge,
Opera House, Mumbai-400 007

Tel. : 022 2367 1515
022 2369 6655

Fax : 022 2368 5613

Email : ho@ida.org.in

Date & Signature

State Branch Address

Date & Signature

Local Branch Address

Date & Signature

Remarks

INDIAN DENTAL ASSOCIATION
INDIAN DENTAL ASSOCIATION
HEAD OFFICE