



APPLICATION FOR MEMBERSHIP

INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

PHOTO

To,
 Dr.Sabyasachi Saha,
 The Hony. General Secretary
 INDIAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY (HEAD OFFICE)
 Vice-Principal , Professor and Head,
 Department of Public Health Dentistry,
 Sardar Patel Post Graduate Inst. of Dental & Medical Sciences,
 Choudhary Vihar, Raibareli road, Utrathia, Lucknow-226002

Dear Sir,

I wish to be enrolled as a Of the Indian Association of Public Health Dentistry, and
 enroll herewith the subscription of Rs..... through Internet Banking in favour of the Association.

I agree to abide by the Constitution Bye-laws and Code of Ethics in case of my enrollment.

1. Name Dr..... Date of Birth.....
2. Designation : New student member – I/II/III MDS
 Institution -
 Existing member _ Membership. No.....
3. Correspondence Address..... Telephone.....
 Permanent Address Telephone.....
 Mobile No..... Email id.....
4. Qualifications : (According to the Dentist Act 1948)

Degree	Universities / Licensing Bodies	Year
BDS
MDS
Others (Specify)
5. DCI Registration No. Place of Registration.....
6. Whether member of the Indian Dental Association if so, through which Branch.....
7. Details of any other speciality Association.....
8. Details of Fellowship, if any.....
9. Name & Signature of the Proposer
- 10 Name & Signature of the Seconder

Signature of the Applicant

Nature of membership	Admission fee (One time fee)	Subscription Fee per annum
1. Founder Members -FM	Rs. 3,000	Closed
2. Ordinary Members -OM	Rs. 3,500	Rs.500
3. Student Members -SM	Rs. 3,000	-----
a. Conversion from SM to OM	Rs. 500	Rs.500
b. Conversion from SM to LM	Rs. 4,000	-----
4. Life Members - LM*	Rs. 7,000	-----
5. Associate Member - AsM	US\$. 300	-----
6. Affiliate Members - Af M	Rs. 3,500	Rs.500
7. Honorary Members	To be decided by EC on a case to case basis	
8. Institutional/Corporate members		
9. Emeritus status		

INTERNET BANKING DETAILS	
Banker	: Allahabad Bank
Branch	: Sardar Patel Dental College Sainik Nagar Lucknow
A/c Holder:	Indian Association of Public Health Dentistry (IAPHD)
A/C No	: 50313497528
IFSC code:	ALLA0212253

* Life Membership not applicable for PG students.

Membership Approved / Not Approved

Date

President

Secretary

Email id : secretaryiaphd@gmail.com