



Signature

Application for Student Membership

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

General Information	<table border="1"> <tr> <td>Title</td> <td>First Name</td> <td>Middle Name</td> <td>Last Name</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Title	First Name	Middle Name	Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	First Name	Middle Name	Last Name						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Personal Information	<table border="1"> <tr> <td>Date of Birth (dd/mm/yy)</td> <td>Sex</td> <td>Blood Group</td> </tr> <tr> <td><input type="text"/></td> <td>M <input type="checkbox"/> F <input type="checkbox"/></td> <td><input type="text"/></td> </tr> </table>	Date of Birth (dd/mm/yy)	Sex	Blood Group	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>		
Date of Birth (dd/mm/yy)	Sex	Blood Group							
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/>							
Mailing Address	<p>(Please indicate preference of mailing address)</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/></p>								
1. Residential Address	<p>Address</p> <p><input type="text"/></p> <p>Area <input type="text"/> City <input type="checkbox"/> 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"/></p> <p>Email Address</p> <p>1 <input type="text"/> 2 <input type="text"/></p>								
2. College Address	<p>Name of the Institute <input type="text"/> Address (Line-1) <input type="text"/></p> <p>Address (Line-2) <input type="text"/></p> <p>Area <input type="text"/> City <input type="text"/> Pin Code <input type="text"/></p> <p>State <input type="text"/> Tel. No. <input type="text"/></p> <p>Tele - Fax <input type="text"/> Email address <input type="text"/></p> <p>Studying in Year <input type="text"/></p>								
<p>Principal's Signature & Stamp</p>									

Subscription

(NOTE: GST 18% included in Membership Fee)

Student Members: - ₹1500/- for the tenure of the under-graduate course, irrespective of year of joining.

Student Year	Student Fee	GST @ 18%	Total Student Fee
For 1 year	300	54	354
For 2 years	600	108	708
For 3 years	900	162	1062
For 4 years	1200	216	1416
For 5 years	1500	270	1770

Cheque / DD Number Dated(dd/mm/yy) Bank

- * 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 & 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.

Applicant's Signature _____ Date _____

Pls. Note: Undergraduate students of Dental Institution recognized by D.C.I. shall be admitted as student members. Such members shall have right to attend scientific meetings, lectures and demonstrations but shall have no right in the working of the association.

Office Use only

IDA HO Address

State Branch Address

Local Branch Address

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

INDIAN DENTAL ASSOCIATION
HEAD OFFICE