

Photo

Application for Membership

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

Signature

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"/> 7. Fresh Graduate <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"/> 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"/> 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"/>			
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 1 <input type="text"/> 2 <input type="text"/>			

2. Residential Address

Address

AreaCity ☐ Dist. ☐TalukaPin Code

StateTel. No. 1Tel. No. 2

Were you a member of any other Ida branch before? ☐ YES ☐ NO

If 'YES,' kindly specify the name of the Branch and the year.

Hobbies and interests:

Sports ☐ Games ☐ Music ☐ Dance ☐

Others(Please specify)

Notable Achievements

Subscription

(NOTE: GST 18% included in Membership Fee)

A) Annual Member:

Admission fee: **Rs. 354/-**

Annual /Renewal fee (yearly):**Rs. 1239/-**

Contribution towards NSS Scheme: **Rs.118/-**

Rs.1711/-

B) Annual Member with PI*

Admission fee: **Rs. 354/-**

Annual /Renewal fee (yearly):**Rs. 1239/-**

Contribution towards NSS Scheme: **Rs.118/-**

Professional Indemnity Insurance (PI): **Rs.1150/-**

Rs.2861/-

C) Silver Member

Admission fee **Rs.354/-**

Silver Membership fee (5 years) **Rs.6195/-**

Contribution towards NSS Scheme **Rs.590/-**

Rs.7139/-

D) Gold Member

Admission fee **Rs. 354/-**

Gold Membership fee (10 years) **Rs.12390/-**

Contribution towards NSS Scheme **Rs.1180/-**

Rs.13924/-

E) Life Member: -

Admission fee **Rs.354/-**

Life Membership fee (one time) **Rs.23069/-**

Contribution towards NSS Scheme: **Rs.3068/-**

Rs.26491/-

F) Renewal Fee: **Rs. 1357/-**

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

Affiliate member life fee- US \$ 350 (payable only at IDA HO)

Cheque / DD NumberDate / MonthYearBank

* Enrolment / Renewals can be made either at IDA HO / State / Local Branches.

* Outstation payment to be made by DD/Cheque payable at par Mumbai.

Nominee Details
(for IDA's National
Social Security Scheme)

TitleLast NameFirst NameMiddle Name

Age:Relation:

Declaration

Tick here

☒

By becoming an IDA member, herewith I provide my consent to be a part of IDA's National Social Security Scheme.

Tick here

☒

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

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.

(New members must attach supporting documents.)

SignatureDate:

Office Use Only

IDA HO AddressState Branch AddressLocal 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

Date & SignDate & SignDate & Sign

* 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)