Indian Dental Association

Photo

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 ☐ 5. Silver ☐ 6. Gold ☐

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 ☐

1. Clinic Address

Practice Name | Address (Line1)

Address (Line 2)

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

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

Fax No. | Cell Number | Clinic Timings

Email Address

1 | 2

2. Home Address

Address (Line-1)

Address (Line2)

Area

City / Village

Dist.

Taluka

Pin Code

State

Tel. No. 1

Tel. No. 2

Fax No.

Email:

Subscription

S. No	Category	Total amt. to be collected from the member	HO (A)	State Branch (B)	Local Branch (c)	Service Tax Amount to be sent to HO (D)	Total Amt to be sent to state, (with HO fees)
1	New Membership (Annual)	1650	600	350	500	200	1,150
2	New Membership (Life)	25225	21600	350	500	2775	24,725
3	New Membership Silver (5 years)	6800	2600	1350	2100	750	4,700
4	New Membership Gold (10 years)	13260	5100	2600	4100	1460	9,160
5	Renewal Membership (Annual)	1300	500	250	400	150	900
6	Renewal Membership (Silver)	6461	2500	1250	2000	711	4,461
7	Renewal Membership (Gold)	12922	5000	2500	4000	1422	8,922
8	Annual to Life Membership	24890	21300	350	500	2740	24,390
9	Annual to Gold Membership	12922	5000	2500	4000	1422	8,922
10	Annual to Silver Membership	6461	2500	1250	2000	711	4,461

Cheque / DD Number Date / Month Year Bank

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.

Date:
Signature:

(New members must attach supporting documents.)

Office Use Only

IDA HO Address

IDA Head Office,
Sane Guruji Premises,
Block No. 6, 386,
Veer savarkar marg,
Opp. Sidhivinayak
temple, Prabhadevi,
MUMBAI-400025.

Date & Signature

State Branch Address

IDA – AP State Branch
Sibar Dental Care,
Dornakal Road,
Suryaraopet,
VIJAYAWADA-520002.
Land- 0866-2433444,
Mob- 9866234544

Date & Signature

Local Branch Address

Date & Signature

Remarks