

Photo

Signature

## Application for Student Membership

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

|                        |   |
|------------------------|---|
| General Information    | <div> <div>Title</div> <div>First Name</div> <div>Middle Name</div> <div>Last Name</div> </div>   |
| Personal Information   | <div> <div>Date of Birth (dd/mm/yy)</div> <div>Sex</div> <div>Blood Group</div> </div>  |
| Mailing Address        | <div> <div>(Please indicate preference of mailing address)</div> <div>1</div> <div>2</div> </div>   |
| 1. Residential Address | <div> <div>Address</div> <div> <div>Area</div> <div>City <input type="checkbox"/> Dist. <input type="checkbox"/></div> <div>Taluka</div> <div>Pin Code</div> </div> <div> <div>State</div> <div>Tel. No.</div> </div> <div> <div>Cell Number</div> </div> <div> <div>Email Address</div> <div>1</div> <div>2</div> </div> </div>                        |
| 2. College Address     | <div> <div> <div>Name of the Institute</div> <div>Address (Line-1)</div> </div> <div> <div>Address (Line-2)</div> </div> <div> <div>Area</div> <div>City</div> <div>Pin Code</div> </div> <div> <div>State</div> <div>Tel. No.</div> </div> <div> <div>Tele - Fax</div> <div>Email address</div> </div> <div> <div>Studying in Year</div> </div> </div> |

Principal's Signature & Stamp

## 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                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

\* 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