Indian Dental Association
Committed to Dental Excellence

Photo

Signature

Application for Membership

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

Type of Membership

1. Annual ☐ 2. Silver ☐ 3. Gold ☐ 4. Life ☐ 5. Affiliate ☐ 6. Renewal ☐

General Information

Title | First Name | Middle Name | Last Name

Preferred Name (for mailing)

Personal Information

DD MM YYYY

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
	P.G.	University		Yr. of Passing

Specialisation | Regd. No. | State

Practice Information

Oral & Maxillofacial Pathology ☐ General Practice ☐ Endodontics ☐ Periodontics ☐ Orthodontics ☐

PHD ☐ Pediatric Dentistry ☐ Prosthodontics ☐ Oral & Maxillofacial Surgery ☐ OMDR ☐

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 ☐ 3 ☐

1. Practice Address

Clinic Name

Address*

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

State* | Tel. No.

Cell Number* | Office Timing

Email Address

1 | 2

2. Practice Address

Practice Name | Address

Address

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

State | Tel. No.

Office Timing

3. Residential Address

Address

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

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

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 Number | Date / Month | Year | Bank

* 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)

Title | Last Name | First Name | Middle 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.)

Signature _____ Date: _____

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		
Date & Sign	Date & Sign	Date & 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)