



Signature

Application for Student Membership

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

General Information	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Title</td> <td style="width: 30%;">First Name</td> <td style="width: 30%;">Middle Name</td> <td style="width: 25%;">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"/>																																
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Subscription	<p>Student Members: - Rs.1000/- for the tenure of the under-graduate course, irrespective of year of joining.</p> <p style="text-align: center;"> Cheque / DD Number Dated(dd/mm/yy) Bank </p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; width: 200px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 250px; height: 20px;"></div> </div> <p style="color: red; font-size: small;"> * Enrolment / Renewals can be made either at IDA HO / State / Local Branches. * Outstation Payment to be made by DD / Credit Card Only. </p>						
Declaration	<p>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.</p> <p style="text-align: center;"> Signature _____ Date _____ </p> <p style="color: red; font-size: small;"> Pls. Note: Undergraduate students of Dental Institution recognised by D.C.I. shall be admitted as student members. Such members shall have the right to attend scientific meetings, lectures and demonstrations but shall have no right in the working of the association. </p>						
Office Use Only	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center; border: none;">IDA HO Address</th> <th style="width: 33%; text-align: center; border: none;">State Branch Address</th> <th style="width: 33%; text-align: center; border: none;">Local Branch Address</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; padding: 5px; vertical-align: top;"> Indian Dental Association Sane Guruji Premises, 1st floor, Block No.6, 386, Opp. Siddhivinayak Mandir, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025 Tel.: 022 43434545 022 43434535 Fax.: 022 2368 5613 Email.: ho@ida.org.in </td> <td style="border: 1px solid black; width: 200px; height: 100px;"></td> <td style="border: 1px solid black; width: 200px; height: 100px;"></td> </tr> </tbody> </table>	IDA HO Address	State Branch Address	Local Branch Address	Indian Dental Association Sane Guruji Premises, 1st floor, Block No.6, 386, Opp. Siddhivinayak Mandir, Veer Savarkar Marg, Prabhadevi, Mumbai - 400 025 Tel.: 022 43434545 022 43434535 Fax.: 022 2368 5613 Email.: ho@ida.org.in		
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