

APPLICATION FOR MEMBERSHIP

(Please type or write in capital letters)

Name

(Title)

(Surname)

(First Name)

(Middle Name)

Mailing Address

City..... State..... Pin.....

Telephone.....,,

Mobile No..... Fax No.....

Email ID

Date of Birth Nationality.....

Marital Status - Single Married

Qualification :

		Degree	Year	College / University
A	Graduate			
B	Postgraduate			
C	Other			

Dental Council of India Registration No State

Member of (Professional Bodies) a.....

b.....

c.....

d.....

Membership Fee :

Life Membership - Rs. 5000/-

Student Membership Rs. 1000/- (For 3 years with letter of recommendation from HOD. They can become life members also on one time payment of Rs. 5000. Then only they will be entitled to get print journal)

* Enclosed Demand draft No..... dated drawn on

Rs. 5000/- in favour of 'INDIAN ACADEMY OF MAXILLOFACIAL SURGERY' with 2 recent passport photos.

Date :

Signature

Mail to :

Dr. Rajesh B. Dhirawani

Jabalpur Hospital & Research Centre Russel Crossing, Napier Town Jabalpur 482001 M.P.

Email : rajeshdhirawani@hotmail.com

* For NEFT payment please find below the Account details :

Name : Indian Academy of Maxillofacial Surgery

Account No. : 60037097650

Bank : Bank of Maharashtra

Branch : Jabalpur Main

IFSC Code : MAHB0000341