



INDIAN SOCIETY OF PROSTHODONTICS- RESTORATIVE - PERIODONTICS

www.isprp.org

MEMBERSHIP APPLICATION FORM

FILL IN CAPITAL LETTERS

Please Tick () the appropriate Boxes

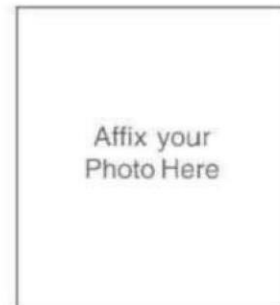
Personal Details

Name :

First Name

Middle Name

Last Name



Membership Category:

- Life Member
- Associate Member

Speciality:

- Endodontics
- Periodontics
- Prosthodontics

Name of the Institution or Hospital Attached to:.....

A) PERMANENT ADDRESS :

.....

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..... Pin: Phone:

B) PRESENT ADDRESS :

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..... Pin: Phone:

C) CLINIC / COLLEGE ADDRESS :

.....

.....

..... Pin: Phone:

Mobile:..... Blood Group: Date of Birth:.....

Email:.....

Preferred communication address : A) B) C) D) Email:

I declare that I have read the byelaw and constitution of Indian society of Prosthodontics-Restorative Periodontics and agree to abide by it.

I am herewith sending a Demand Draft of Rupees 5,310/- as my Life / Associate Membership fee by

DD No.:..... Dated:..... Bank:.....

DATE:

.....
SIGNATURE

Send Application form with D/D drawn in favour of ISPRP payable at Mangalore, Karnataka and supporting documents by counter or registered post to: Dr. Vibha Shetty, Faculty of Dental Sciences, Ramaiah University of Applied Sciences, Gnanagangothri Campus, New BEL Road, Bangalore - 94. | Mobile : +91 98453 05455
E-mail : isprpsecretary@gmail.com, Web : www.isprp.org

FOR OFFICE USE ONLY

1. Date of receipt of application :
2. D/D No. and Bank :
3. Date of Executive Meeting
in which it was accepted :
4. Membership No. :
5. Signature of Secretary :

Bank Account Details

Account No. : 02452200041220
Bank Name : Canara Bank
Branch : ABSMIDS Branch
IFSC Code : CNRBINBBBFD