



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

Affix your
Photo Here

Membership Category:

- Life Member
 Associate Member

Speciality:

- Endodontics
 Periodontics
 Prosthodontics

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

A) PERMANENT ADDRESS :

.....

Pin:Phone:.....

B) PRESENT ADDRESS :

.....

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 3600/- 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 Harish Shetty, Hon. Secretary - ISPRP, The Dental Care Clinic, 1st Floor, Alake Centre, Kambla Cross Junction, Opp Ullal General Hospital, Alake, Mangalore-575003, Mob : 9845414849, E-mail: isprpsecretary@gmail.com, Web:www.isrp.org**

Xerox copies of this form can be used Associate Members will continue as Life Member by submitting pass certificates without any extra fee.

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 :**