



# INDIAN SOCIETY OF PROSTHODONTICS- RESTORATIVE - PERIODONTICS

www.isprp.org

## MEMBERSHIP APPLICATION FORM

FILL IN CAPITAL LETTERS

Please Tick ( ) the appropriate Boxes

### Personal Details

Name : 

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First Name

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Middle Name

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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 :

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.....Pin: .....Phone:.....

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

Email:.....

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

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

I am herewith sending a Demand Draft of Rupees 4,500/- as my **Life / Associate Membership** fee by

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

DATE:

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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, Gnanaganthri 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