

INDIAN SOCIETY OF PROSTHODONTICS-**RESTORATIVE - PERIODONTICS**

www.isprp.org

MEMBERSHIP APPLICATION FORM

LL IN CAPITAL LETTERS		Please	Tick () the appropriate Boxes	
Personal Details				
Name:				
	First Name	Ð	_	
			Affix your	
	Middle Nam	ne	Photo Here	
	Last Name)	_	
Membership Category:		Speciality:		
Life Member		Endodontics		
Associate Member		Periodontics		
		Prosthodontics		
Name of the Lastitudian and Lastitudian	J Allandard Lau			
Name of the Institution of Hospita	Il Attached to:			
A) PERMANENT ADDRESS:				
	Pin:	Phone:		
B) PRESENT ADDRESS :				
	Pin:	Phone:		
C) CLINIC / COLLEGE ADDRE	ISS:			
		Phone:		
		Date of Birth:		
Email:			***************************************	
Preferred communication addre	ess : A) B)	C) D) Email:		
I declare that I have read the bye and agree to abide by it.	law and constitution of	Indian society of Prosthodontics	-Restorative Periodontics	
I am herewith sending a De	mand Draft of Rupe	es 3600/- as my Life / Associ	ate Membership fee by	
DD No.:	Dated:	Bank:		
DATE:				
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

 Date of receip 	ot of applicatio	n
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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 : Syndicate Bank

Branch : ABSMIDS Branch

IFSC Code : SYNB0000245