



Signature

Application for Student Membership

Please complete this application form legibly in all respects, using capital letters.

General Information	<table border="1"> <tr> <td>Title</td> <td>First Name</td> <td>Middle Name</td> <td>Last Name</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Title	First Name	Middle Name	Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																												
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IDA Students Wing Fee Structure

S. No	Particulars		Shares				Service Tax Amount to be sent to HO (B)	Total Amount to be collected from the member (A+B)	Total Amount to be sent to HO (C+B)
		Fees (A)	Head Office (C)	State Branch	Local Branch	Students Branch			
1	Student for 1 year	300	170	20	10	100	37.08	337.08	170 + 37.08 = 207.08
2	Student for 2 years	600	340	40	20	200	74.16	674.16	340 + 74.16 = 414.16
3	Student for 3 years	900	510	60	30	300	111.24	1011.24	510 + 111.24 = 621.24
4	Student for 4 years	1200	680	80	40	400	148.32	1348.32	680 + 148.32 = 828.32
5	Student for 5 years	1500	850	100	50	500	185.4	1685.4	850 + 185.4 = 1035.4

Subscription

Cheque / DD Number Dated(dd/mm/yy) Bank

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- * Enrolment / Renewals can be made either at IDA HO / State / Local Branches.
- * Outstation Payment to be made by DD / Credit Card Only.

Declaration

I declare that I have read through the details of the IDA Application Form, the Constitution, Bye- Laws, Code of Ethics & Professional Conduct & resolve to abide by them. I am not a member of any association functioning parallel to IDA in my area & have not been convicted by any court of law (This does not include specialty societies). I am not engaged in any activity detrimental to the interest of any association. The information provided by me is true & I hereby submit my application for membership to IDA.

Signature _____ Date _____

Pls. Note: Undergraduate students of Dental Institution recognised by D.C.I. shall be admitted as student members. Such members shall have the right to attend scientific meetings, lectures and demonstrations but shall have no right in the working of the association.

Office Use Only

IDA HO Address	State Branch Address	Local Branch Address
Indian Dental Association Bombay Mutual Terrace, 2nd Flr, 534, Sandhurst Bridge, Opera House, Mumbai-400 007 Tel. : 022 2367 1515 022 2369 6655 Fax : 022 2368 5613 Email : ho@ida.org.in Date & Signature	Indian Dental Association Sibar Dental care Dornakal Road, Suryaraopet, Vijayawada-520002. Tel: 0866 2433336 0866 6668488 Fax : 0866 2433444 Email: ajaykotti@gmail.com Date & Signature	 Date & Signature