



# SOCIETY OF PERIODONTISTS & IMPLANTOLOGISTS OF KERALA (SPIK)

## APPLICATION FOR AFFILIATE MEMBERSHIP

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Affix Passport  
Size Photo

1. Name

2. Permanent Address

3. Present Address (where correspondence should be sent)

4. Telephone Number  
Office / Clinic Residence

5. Mobile Number

6. E-mail

7. Year of Passing BDS

8. Name of the Institution

9. Year of Passing MDS

10. Name of the Institution

11. State Dental council Registration Number

12. State in which Registered

13. Date of starting Practice / Service

14. Affiliation to any College & Designation

15. Date of Birth
16. Blood Group
17. Marital status
18. Wedding day
19. Name of the Spouse
20. Name of the children
21. Membership in any other Professional Organization

**Declaration :** I declare that I have read the byelaws of the Society of Periodontists and Implantologists of Kerala and I agree to abide by them. The information provided by me is true and I hereby submit my application for Affiliate membership to the Society of Periodontists and Implantologists of Kerala. I am enclosing the Affiliate Membership Subscription of **Rs.2000/-** by demand draft in favour of **Society of Periodontists and Implantologists of Kerala** payable at **Kottayam**

**Date :**

**Signature of the Applicant**

**Attach photocopies of the Supporting Documents.**

1. M.D.S. Degree Certificate
2. Dental Council Registration Certificate

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**FOR OFFICE USE ONLY**

1. Date of Receipt of Application
2. DD Number & Bank
3. Date of the Executive committee in which it was Accepted
4. Membership Number
5. Signature of the Secretary

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Send the Application form along with the Demand Draft and the supporting Documents by Registered Post to

**Dr.Baiju R.M.**  
Secretary SPIK  
Assistant Professor  
Dept. of Periodontics  
Govt.Dental College, Kottayam- 680008  
**Ph: 09447279605**  
**E-mail : baijurm@gmail.com**