



SOCIETY OF PERIODONTISTS & IMPLANTOLOGISTS OF KERALA (SPIK)

APPLICATION FOR ASSOCIATE MEMBERSHIP

Affix Passport
Size Photo

1. Name

2. Permanent Address

3. Present Address (where correspondence should be sent)

4. Telephone Number
College Residence

5. Mobile Number

6. E-mail

7. Year of Passing BDS

8. Name of the Institution

9. State Dental council Registration Number

10. State in which Registered

11. Year of Joining the MDS Course

12. Name of the Institution

13. Name of the Post Graduate Guide.

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 Student membership to the Society of Periodontists and Implantologists of Kerala. I am enclosing the Associate Membership Subscription of **Rs.1000/-** 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. B.D.S. Degree Certificate
2. Dental Council Registration Certificate
3. Certificate from the Professor and Head of the Department.

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

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