



## SOCIETY OF PERIODONTISTS AND IMPLANTOLOGISTS OF KERALA (SPIK)

### APPLICATION FOR LIFE MEMBERSHIP

Name:

Gender (M/F):

DOB (DD/MM/YYYY):

Blood Group:

Permanent Address:

Affix a recent  
Passport Size  
Photo

Address for Communication:

Landline:

Mobile:

Email:

Details of under-graduate qualification

- Year of passing:
- Name of College:
- Name of University:

Details of post-graduate qualification

- Year of passing:
- Name of College:
- Name of University:

Details of Dental Council Registration

- Name of the Council:
- Registration No:
- Year:

Details of Additional Qualification *if any*:

Nature of work *(Please tick the appropriate options)*

- General Practice
- Specialty Practice
- Consultation Practice
- Academics

Name of the Institution:

Current Designation:

Membership in other Professional Organizations *(Please tick)*:

- Indian Dental Association
- Indian Society of Periodontology
- Others *(Please specify)*

**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 Life membership to the Society of Periodontists and Implantologists of Kerala. Payment for Life Membership Subscription of Rs.5000/- (Rupees Five thousand) by Demand Draft / Online Transfer with payment details

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Bank: SOUTH INDIAN BANK  
Branch: MUVATTUPUZHA MAIN BRANCH  
S/B Account no.: 0018053000023704  
IFSC: SIBL0000132  
A/c name: SOCIETY OF PERIODONTISTS & IMPLANTOLOGISTS OF KERALA

Date :

Signature of the Applicant:

*Attach photocopies of the Supporting Documents.*

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

**FOR OFFICE USE ONLY**

1. Date of Receipt of Application:
2. Payment Details:
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 Payment details and the supporting Documents by to:*

Dr Jayan Jacob Mathew  
Secretary SPIK  
Professor of Periodontics  
Mar Baselios Dental College  
Kothamangalam 686691 Kerala  
Mob: +91 9447160349, 7907411441  
Email: [jayanjm@gmail.com](mailto:jayanjm@gmail.com)