



## **SOCIETY OF PERIODONTICS AND IMPALNTOLOGISTS 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 : THALASSERY BRANCH  
S/B Account no. : 0018053000023704  
IFSC : SIBL0000078  
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 Mohammed Feroz.T.P

Secretary SPIK

Professor of Periodontics

KannurDental College

Anjarakandy 670612 Kerala

Mob: +91 9745603906

Email: [drmohammedferoztp@gmail.com](mailto:drmohammedferoztp@gmail.com)