



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

.....
.....
.....

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