

Indian Prosthodontic Society, Karnataka Branch

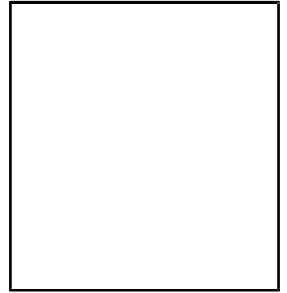
Student Membership Form

NAME :

AGE /GENDER :

CONTACT NUMBER:

Email ID:



BDS PARTICULARS:

YEAR OF PASSING BDS:

COLLEGE:

MDS PARTICULARS:

YEAR OF JOINING:

IPS STUDENT MEMBERSHIP NUMBER:

NAME & ADDRESS OF THE INSTITUTION:

PERMANENT ADDRESS:

MODE OF PAYMENT

AMOUNT: Rs: 500 (Including GST)

Cash ☐

Online ☐

Scan to pay ☐



TRANSACTION NUMBER:

BANK DETAILS:

ACCOUNT NAME :- Indian Prosthodontic Society- Karnataka State Branch

ACCOUNT NUMBER: 602201206871

BANK NAME: ICICI BANK

IFSC CODE: ICIC0006022

BRANCH NAME: RK Salai