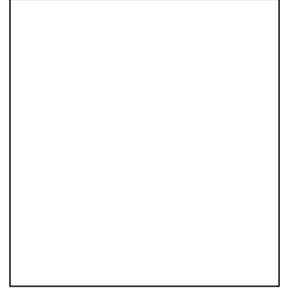


Indian Prosthodontic Society, Karnataka Branch

Faculty Membership Form



NAME :

AGE /GENDER :

CURRENT DESIGNATION:

NAME OF THE INSTITUTION:

PERSONAL ADDRESS:

PROFESSIONAL ADDRESS/CLINIC ADDRESS:

CONTACT NUMBER:

Email ID:

DENTAL COUNCIL REGISTRATION NUMBER:

IPS MEMBERSHIP NUMBER:

YEAR OF PASSINGBDS:

COLLEGE:

YEAR OF PASSINGMDS:

COLLEGE:

MODE OF PAYMENT

MEMBERSHIP FEES : -Rs 4000/- with GST

CASH CHEQUE DD NEFT NET BANKING

*DD should be drawn in the favour of IPS, KARNATAKA BRANCH payable at "BELGAUM"

Bank name : Canara Bank
A/C Name : IPS KARNATAKA
A/C No. : 05341010000740
IFSC Code: CNRB0010534