



SOCIETY OF PERIODONTISTS AND IMPLANTOLOGISTS OF KERALA (SPIK)

APPLICATION FOR ASSOCIATE 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 ongoing post-graduate training:

- ☐ Year of study:
- ☐ Name of College:
- ☐ Name of University:

Details of Dental Council Registration

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

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

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

ENDORSEMENT BY THE HEAD OF THE DEPARTMENT

This is to certify that Dr
is a.....I/II/III year post-graduate student of Periodontology of
..... (Name of the College)

Date:

Seal

Name & Signature

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 Associate membership to the Society of Periodontists and Implantologists of Kerala. I hereby also undertake to send my MDS Degree Certificate upon the successful completion of the course to the SPIK Office only upon verification of which my associate membership shall be converted to life membership. Payment for Associate Membership Subscription of Rs.5000/- (Rupees Five thousand) by Demand Draft / Online Transfer with payment details

Bank : SOUTH INDIAN BANK
Branch : ALUVA BRANCH
S/B Account no. : 0018053000023704
IFSC : SIBL0000002
A/c name : SOCIETY OF PERIODONTISTS & IMPLANTOLOGISTS OF KERALA

Date :

Signature of the Applicant:

Attach photocopies of the Supporting Documents.

1. B.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. Deepak Thomas

Secretary SPIK

Professor Dept. of Periodontics

Educare Institute of Dental Sciences

Chattiparamba, Malappuram - 676 504

Mob: +91 9846679696

Email: drthomasdeepak@gmail.com