SOCIETY OF PERIODONTISTS AND IMPLANTOLOGISTS OF KERALA (SPIK)

APPLICATION FOR LIFE MEMBERSHIP

Affix a recent Passport Size Photo

Name :

Gender (M/F) :

DOB (DD/MM/YYYY) :

Blood Group :

Permanent Address :

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	: 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. 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. Deepak Thomas
Secretary SPIK
Professor
Dept. of Periodontics
Educare Institute of Dental Sciences
Chattiparamba, Malappuram - 676 504
Mob: +91 9846679696
Email: drthomasdeepak@gmail.com