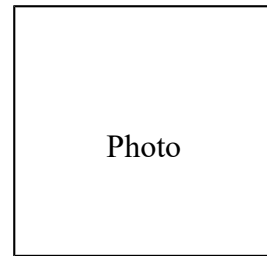


INDIAN ASSOCIATION OF ORAL & MAXILLO-FACIAL PATHOLOGISTS

MEMBERSHIP FORM

Membership No. _____

Membership status _____



I, the undersigned, wish to be a member of **INDIAN ASSOCIATION OF ORAL & MAXILLO-FACIAL PATHOLOGISTS**. I am enclosing herewith admission fee of Rs. _____ and Student/Associate/Life Membership fee of Rs. _____ by cash/cheque / D.D. No. _____ Drawn on _____ dated _____. (for details of fees see reverse).

Please accept the same and enroll me as member of the Association.

I agree to abide by the rules & regulations of the said association under its constitution & by-laws from time to time.

Date : _____

Yours truly

(Signature of the member)

NAME : _____

RES. ADD. _____ (Please tick mailing address
In the box below)

_____ Phone : _____

College/Off. ADD. _____

_____ Phone : _____

E-mail Id : _____ Mobile No. _____ DOB _____

Passed BDS/MBBS In the year _____ from _____ University

Date of joining MDS (Oral Path.) _____

Passed MDS (Oral Path.)/M.D. in the year _____ from _____ University

Dissertation Topic _____

Note : Outstation members to pay by **Demand Draft or Multiciti Cheque** only. The D.D. / Cheques should be drawn in the name of **“Indian Association of Oral & Maxillo-Facial Pathologists”** payable at Mumbai, to be sent to the office of the Hon. Treasurer as mentioned overleaf. Alternately payment can be done online. The bank details are given overleaf. After making online payment, the transaction Id/date to be mentioned in the form.

Address of Hon. Treasurer :

**Dr. P. Nainani
Rajan Polyclinic,
2/3/4-A, Manish Nagar,
Four Bungalows, Andheri (w),
Mumbai 400053.
09820028998
p_nainani@hotmail.com**

The Entrance Fee and the Annual Subscription Fees payable by different classes of members are as follows :

<u>Class of Membership</u>	<u>Entrance Fee</u>	<u>Annual Subscription</u>
(a) Ordinary/Associate Life Member	Rs. 100/-	Rs. 5000/- + 500/- for current year (one time)
(b) Student	Rs. 100/-	Rs. 1400/- to be paid at one time initially at the time of joining MDS. No annual renewal membership fees accepted.

Bank details for on-line payments

Savings Account Name : Indian Association of Oral & Maxillofacial Pathologists.

Bank's Name : DCB Bank, Lokhandwalla Branch

Account Number : 03110900001841

RTGS/NEFT/IFSC Code : DCBL0000031