

International Association of General Dentistry (IAGD)

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USA Office: 102, Esplanade Place, Stafford Texas USA-77477



Application form for dentist members

Tick Mark or Type, Filled application to be sent by email : infoiagd@gmail.com or by post to Bangalore address

General Information

Name:

Personal Information

DD / MM / YY (Date of birth) Sex M F Marital Status M U Blood Group

Name of spouse

Is your spouse a dentist Y N Is your spouse a member of IAGD Y N

Education Qualification

Graduation University Institute Yr. of Passing

Post Graduation University Institute Yr. of Passing

Specialisation Regd. No. State

Practice Information

Type of Practice : General Practice Endodontics Periodontics Orthodontics
Pediatric Dentistry Prosthodontics Oral & Maxillofacial Surgery

Institute Hospital

Designation

Lecturer Asst. Professor Professor Dean

Director Dental surgeon Others _____

Mailing Address

(Please indicate preference of mailing address) Office College Home

Office Address

State _____ Pin Code _____

Contact Number : _____

E-mail Address : _____

College Address

State

Pin Code

Contact Number :

E-mail Address :

Home Address

State

Pin Code

Contact Number :

E-mail Address :

Subscription :

A) Annual Member	Journal Printed version	-	₹ 2500
	Journal Electronic version	-	₹ 1500
	Without Journal	-	₹ 800
B) International Member annual fee			
	Journal Printed version	-	US \$ 100
	Journal online version	-	US \$ 80

Photo

*Enrolment/Renewals Can be made either at IAGD HQ / State / Local Branches

*Outstation Payment to be made by DD/CHEQUE

Bank :

 Cheque / DD No. :

Cheque Date :

Cash

Enrolment / Renewals can be made at IAGD Office also :

Payment to be made by DD / Cheque in favour of **IAGD, deposit Cash / Cheque any branch of Axis Bank** in your city.

A/c no. is 910010020427592. You can also transfer funds online and email us the ref number, or include the print out of transaction with the application.

Declaration : I will abide by the Constitution, By-Laws, Code of Ethics & Professional Conduct and resolve by them. I shall not engage in any activity detrimental to the Interest of the association. The information provided by me is true & I hereby submit my application for the membership of IAGD.

Signature of Application