



**INDIAN ACADEMY OF ORAL MEDICINE AND RADIOLOGY**  
**APPLICATION FOR MEMBERSHIP**  
**(PLEASE WRITE ALL INFORMATION IN BLOCK LETTERS OR PRINT)**

Name (Refer Instructions) : DR.....

2. Date of Birth : .....

3. Present occupation : .....

4. Present address : .....

(To which communications shall be sent)

5. Permanent Address : .....

6. Telephone & fax numbers : .....

7. E-mail address : .....

8. Qualifications : .....

Qualification	Speciality	college/Institute	university	Year of Passing
BDS				
MDS				

9. Type of membership applied for : .....

10. Mode of payment (cash/D.D no date) : .....

Bank details : .....

11. Membership of other associations: 1.....

2.....

The particulars given above are true to my knowledge. Kindly enroll me as a member of IndianAcademy of Oral Medicine and Radiology. I agree to abide by the Constitution of IAOMR and rules framed under it.

Place:  
Date:

**Signature of Applicant**