



DENTAL PRACTITIONERS' FORUM OF INDIA (Regd.)

MEMBERSHIP - FORM

Photograph

Membership No. : _____ (To be filled the Office)

Name : DR. (Mr./Ms./Mrs.) _____
(First Name) (Middle Name) (Surname)

Date of Birth : MM ___ /DD ___ /YR _____ Place of Birth : City _____ State _____

Address (Pl. Tick the mailing address)

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➤ Residence : _____

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College/University: _____

Dental Council Regn. No.: _____ State: _____ I.D.A. Regn. No. _____

Any Other Information: _____

Signature: _____

N.B.: Mail the filled form (along with the Annual Subscription of
(Rs. 250/- & Life membership of Rs. 3000/-) to:

Dr. Vikas Aggarwal

Hony. Gen. Secretary

Dental Practitioners' Forum Of India

PD-1/1B, Pitampura, New Delhi-110088

Ph. : 20903929, 27311808, 27316808

(Cheques should be drawn in favour of **DENTAL PRACTITIONERS' FORUM OF INDIA**)

Please add Rs. 50/- to out station cheques