



INDIAN BOARD OF ORTHODONTICS
(Founded by Indian Orthodontic Society)
APPLICATION FOR PRIMARY EXAMINATION
(To be completed -Type/Write - legibly in capital letters)



- 1) NAME (as in IOS records):
- 2) DATE OF BIRTH:
- 3) SEX: M / F
- 4) IOS MEMBERSHIP No.: L M / S M / S L M.....
- 5) DENTAL COUNCIL REG. No. & DATE:
- 6) STATE OF REGISTRATION:
- 7)

Recent passport
size photograph
duly attested by
HOD / Principal
/ Gazetted
officer.

ADDRESS – COLLEGE / OFFICE:

.....

.....

PINCODE.....STATE.....

8)

ADDRESS – RESIDENCE / CURRENT COMMUNICATION:

.....

.....

PINCODE.....STATE.....

9)

ADDRESS – FURTHER COMMUNICATION (PERMANENT):

.....

.....

PINCODE.....STATE.....

10)

TELE. NO. WITH CODE (RESI.):

TELE. NO. WITH CODE (PERMANENT RESI.):.....

TELE. NO. WITH CODE (OFF.).....

FAX NO. WITH CODE:

MOBILE NO. :

E-MAIL:

11) DETAILS OF EXAMINATION PASSED:

EXAMINATION	COLLEGE	UNIVERSITY	STATE	YEAR OF PASSING
B D S				
M D S (Part I)				
M D S (Part II) (if applicable)				

12)

EXAMINATION FEES: Rs. 3000/- (Rupees three thousand only.) DD in favour of **Indian Board of Orthodontics, Davangere.**

BANK DRAFT NO.:**DATE:**

NAME OF BANK:

13) LIST OF ENCLOSURES:

➤ B D S Degree (attested copy). ➤ Dental Council Reg. Certificate (attested copy).	➤ Demand Draft ➤ Three recent passport size photographs duly attested.
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14)

The above furnished informations / testimonials are true to the best of my knowledge. I have read the general instructions and the rules and regulations of Fellowship of IBO examinations and shall abide by them.

If awarded Fellowship of IBO, I agree to bring one duplicate set of one of the cases presented for Fellowship as an exhibit to the next Annual IOS conferences with full case records and donate it as a permanent exhibit to IOS.

Date:

Signature of the candidate

15)

CERTIFICATE

I certify that Dr.has completed / will be completing Part I (1st Year) of M D S Orthodontics training by 1st of Nov. 2008

Date:

Signature of the Head of Institution
With office stamp.

16)

Completed application along with enclosures and Demand Draft for Rs. 3000/- in favour of **Indian Board of Orthodontics, Davangere**, Should be reach the following address on or before **30th September 2009**

Dr. K. Sadashiva Shetty, Secretary IBO., Principal, Bapuji Dental College & Hospital, Davangere – 577 004, Karnataka, India.
Email- ibooffice@gmail.com
Ph. +91 9663380797

17)

FOR OFFICE USE ONLY

Draft No. :Rs.....

Reciept No. :Date:

Reg. No. :Hall Ticket No. :

Note:

The examination will be conducted during 44th Indian Orthodontic Conference at New Delhi on 5th November 2009, 10.00 am onwards. Venue- Dept. of Orthodontics, AIIMS, New Delhi.

Any change in the Address or Tel. no., should be informed immediately.