



INDIAN BOARD OF ORTHODONTICS
 (Founded by Indian Orthodontic Society)
APPLICATION FOR FINAL 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
- 5) DENTAL COUNCIL REG. No. & DATE:
- 6) STATE OF REGISTRATION:
- 7)

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

ADDRESS – OFFICE:

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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:

DEGREE	COLLEGE	UNIVERSITY	STATE	YEAR OF PASSING
B D S				
M D S				

12)

EXAMINATION FEES: Rs. 6000/- (Rupees six thousand only.) DD in favour of **Indian Board of Orthodontics, Davangere.**

BANK DRAFT NO.:**DATE:**

NAME OF BANK:

13) LIST OF ENCLOSURES:

<ul style="list-style-type: none">➤ B D S Degree (attested copy).➤ M D S Degree (attested copy).➤ Dental Council Reg. Certificate (attested copy).	<ul style="list-style-type: none">➤ Demand Draft➤ Three recent passport size photographs duly attested.
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14)

DETAILS OF PRIMARY EXAMINATION

DATE AND YEAR OF COMPLETION OF PRIMARY EXAMINATION:

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HALL TICKET NO.:

REGISTRATIN NO.:

15)

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

16)

Completed application along with enclosures and Demand Draft for Rs. 6000/- 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. Candidates have to submit the records on 4th November 2009 at 3.00pm. Venue- Dept. of Orthodontics, AIIMS, New Delhi.

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