

INDIAN BOARD OF ORTHODONTICS

[Name & Address of Candidate]

Register No:

AFFIDAVIT

I, Dr _____, life member no _____ of the Indian Orthodontic Society do hereby solemnly swear and declare that the five clinical cases submitted by me before the Board of the Indian Board of Orthodontics, for the certification leading to the award of Diplomate status of the Indian Board of Orthodontics have been fully diagnosed and treated by me in person. I have read and am fully aware of the Standard of conduct and ethics prescribed by the Indian Board of Orthodontics, and I hereby undertake to fully abide by the decisions of the Board.

Names / Initials of the Patients	Case Category
1.	
2.	
3.	
4.	
5.	

Place:

Signed this day the _____ day of _____ [month] of 200_____