

INDIAN ORTHODONTIC SOCIETY
I O S. MEMBERS DIRECTORY UPDATING FORM - LIFE
MEMBERS
PLEASE USE BLOCK LETTERS LEGIBLY

Paste Passport size Photograph	Name: (as you like to appear in the directory) Website:..... Email:..... Membership no.: LM
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Blood Group: D C I Reg. No. and State:

Mobile:..... Fax with code:.....

Date of Birth: Wedding Anniversary:

Degree	Year	Institution	University
BDS /			
MDS /			

Address for Communication:

State Pincode STD Code Tele. No.

Address – Office:

State Pincode STD Code Tele. No.

Address – Residence:

State Pincode STD Code Tele. No.

Hospital Attachment / s:

State Pincode STD Code Tele. No.

Techniques Practiced (Please Select)

Begg		Tip. E.		CAT		Funct.		Std. Edg.		PEA		Ling.		Surg.	
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Name of Spouse:.....**Birth Date**.....**Month**.....

Name of Children with age:

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Any Other Details (Memberships, Fellowships, Awards etc.)

***Mailing address:* Hon. Secretary - I. O. S., Ground Floor, Bapuji Dental College,
Davangere – 577 004, Karnataka, India. (P.O. Box No. 313)**