



INDIAN ORTHODONTIC SOCIETY

FORMAT FOR REGISTRATION OF ORTHODONTIC STUDY GROUPS WITH THE I O S. HEAD OFFICE

(Article 38 of I O S Constitution)

Name of the Study GroupOrthodontic Study group.
Contact Address	Pin code.....State..... STD Code.....Tele. No.
E mail address/es	
Charter Date	
Present Strength (No. of I O S Life Members)	Name of the members with signature and IOS membership nos. should be attached separately.
No. of Student Members	
Name of the Conveners with IOS membership nos. Tel. no. with STD code /mob. nos.	1.LM..... 2.LM..... 3.LM.....

Brief report of the activities so-far:

The details furnished here are true to the best of our knowledge. We hereby agree that our study group will abide by the Constitution of the Indian Orthodontic Society.

Signatures of Conveners

1.	2.	3.
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For Office Use Only

Presented to the executive Committee on.....

Remarks.....

.....

Recognized / Not recognized

Signature

Hon. Secretary I O S.

Signature

President I O S.

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



INDIAN ORTHODONTIC SOCIETY

MEMBERS' LIST

.....Orthodontic Study Group

Date.....

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