



INDIAN ORTHODONTIC SOCIETYTM

Reg. No. DR/DVG/SOR/341/2009-10

Member Benefit Program

(Please fill this form with capital letters).

Name ; - _____

Age ; - _____ Sex :- _____ Date of Birth :- _____

IOS. L.M. No.:- _____

Address ; - _____

Telephone ; - (with std code):- _____

Mobile :- _____

E mail I d :- _____

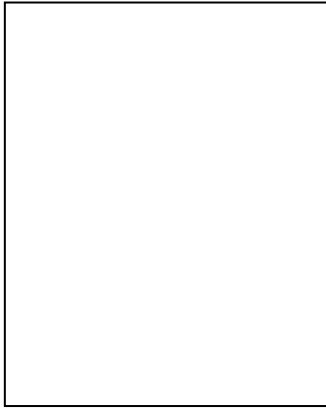
Name of Nominee :- _____

Relationship of Nominee :- _____

Address of the Nominee:- _____

Please affix passport size photos

MEMBER



NOMINEE



Occupation of the Nominee :- _____

Mobile No. of the Nominee :- _____

MODE OF PAYMENT 1800/- CHEQUE / CASH / DD.

DD/ CHEQUE NO. _____

BANK NAME :- _____

DECLARATION

I hereby declare that the information given above is true.

I have read through the rules and regulations of the IOS member benefit program of the IOS and I will abide by it.

Name :- _____

Signature:- _____

Office Address:- IOS Head Office, Plot No. 1504, H Block, 7 th Street, Anna Nagar West, Chennai 600040. Mobile Number. 9884042526.

DD to be made in the name of ‘ IOS Member Benefit Program’.