

**THE INDIAN ASSOCIATION OF FORENSIC ODONTOLOGY**

*A member Society of the International Organisation of Forensic Odonto-Stomatology (IOFOS)*

**[REG. NO. 192/2002, CHENNAI]**

**APPLICATION FOR LIFE MEMBERSHIP**

(Please type below and submit the soft-copy only in Word file)

NAME (IN FULL): .......................................................................................................................................................................

CURRENT POSITION/AFFILIATION: .....................................................................................................................................

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INSTITUTE/ CLINIC ADDRESS: ……………………………………………………………….............................................

 ………………………………………………………………......................…………..

MAILING / RESIDENTIAL ADDRESS ....................................................................................................................................

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…………………………………………………………………. ……...………. Postal Code .............................................

TELEPHONE: Residence...........................................…........... Office: ……...........................………

 Mobile.............................................................. E-Mail: .....................................................................................

QUALIFICATION(S) WITH NAME OF UNIVERSITY AND YEAR.………………….........................................................

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INVOLVEMENT IN FORENSIC ODONTOLOGY OR RELATED FIELD, IF YES PLEASE SPECIFY:

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LIST OTHER ORGANISATIONS OR SOCIETIES OF WHICH YOU ARE A MEMBER: ..............................................................…………………………………………………………………………………...

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I have readthe **Rules of Professional Conduct**, endorse and will abide by the Indian Association of Forensic Odontology (IAFO), India. I am desirous of joining the IAFO, India.

Applicant’s signature: ................................................................... Date....................................................................

SPONSORSHIP /RECOMMENDATION:

I have known the candidate for....................................years and confirm that the candidate is eligible for membership and I recommend the membership.

Endorsed by: ......................................................................................................................................

Signature: .........................................................................................................................................

N.B.: It is required to provide ***softcopy of curriculum vitae, including softcopies of the BDS/MDS degree certificate and DCI registration certificate and online acknowledgement receipt of payment transaction details*** and other relevant documents. Where the applicant cannot indicate a sponsoring member, which would assist the Membership Committee in the evaluation of the candidacy.

Note: Life Membership fee as a Cheque/Draft/NEFT for Rs. 5000 (in the name of ‘**INDIAN ASSOCIATION OF FORENSIC ODONTOLOGY’**, payable at Mangalore)

Bank Name: Canara Bank,

Branch: **ABSMIDS, Derlakatte, Mangalore, Karnataka.**

Account No.: **12302010008830**, IFSC code: **CNRB0010245, SWIFT Code: CNRBINBBBFD.**

The completed form may be emailed (info@iafo.in) or sent to ***Dr. Jayasankar P. Pillai, Honorary Secretary, IAFO, Dept. of Oral Pathology, Govt. Dental College and Hospital, New Civil Hospital campus, Asarwa, Ahmedabad. Pin Code: 380016*** along with the soft copies of the above-mentioned documents.

Action Taken (*For IAFO Office Use only)*

Membership approved on …………………………… Membership Number: LM………………….

Signature of the Hon. Secretary ………………………………………………………………………