

FRESH CANDIDATE

1) **NAME** (as in IOS records) : _____

2) **DATE OF BIRTH** : _____

3) **SEX** : Male / Female

4) **IOS MEMBERSHIP No.** : L M _____

5) **DENTAL COUNCIL REG. No. & DATE** : _____

6) **STATE OF REGISTRATION** : _____

7)

ADDRESS - OFFICE : _____

 PINCODE: _____ STATE : _____

8)

ADDRESS - RESIDENCE / CURRENT COMMUNICATION : _____

 PINCODE: _____ STATE : _____

9)

ADDRESS - FURTHER COMMUNICATION(PERMANENT) : _____

 PINCODE: _____ STATE : _____

10)

TEL. No. with CODE (Resi.) : _____
TEL. No. with CODE (Permanent Resi.) : _____
TEL. No. with CODE (Office) : _____
Mobile No. : _____
E-mail : _____

11) **DETAILS OF EXAMINATION PASSED :**

DEGREE	COLLEGE	UNIVERSITY	STATE	YEAR OF PASSING
B D S				
M D S				

*Recent
passport size
photograph
self-attested.*

12)

EXAMINATION FEES : Rs. 12,000/- (Rupees Twelve Thousand only.) to be paid as a **Online NEFT / RTGS / IMPS / UPI / DD** / payable at par **Cheque** in favour of **THE INDIAN BOARD OF ORTHODONTICS**, payable at **Pune, Maharashtra.**

Transaction ID / UTR / Bank Draft / Cheque No. : _____ **Date :** _____

Name of Bank : _____

Bank Details for Online Transfer : Account Name : **THE INDIAN BOARD OF ORTHODONTICS**

Account No. : **60102160000019** • Bank Name : **Canara Bank** • Branch : **Magarpatta, Pune - 411013.** • IFSC Code : **CNRB0006176**

13) **LIST OF ENCLOSURES :**

- B D S Degree (attested copy).
- M D S Degree (attested copy).
- Demand Draft
- Dental Council Reg. Certificate (attested copy).
- 3 recent passport size photographs duly attested.
- Result letter of previous examinations stating completed categories.

14)

DETAILS OF PRIMARY EXAMINATION

DATE AND YEAR OF COMPLETION OF PRIMARY (PHASE II WRITTEN) EXAMINATION : _____

HALL TICKET NO. : _____ **REGISTRATION NO. :** _____

15)

The above furnished information / testimonials are true to the best of my knowledge. I have read the general instructions and the rules and regulations of Fellowship of IBO examinations and shall abide by them.

If awarded Fellowship of IBO, I agree to bring one duplicate set of one of the cases presented for Fellowship as an exhibit to the next Annual IOS conferences with full case records and donate it as a permanent exhibit to IOS.

Date : _____

Signature of the Candidate

16)

Completed application along with enclosures and **The Examination Fees Instrument (DD / Payable at par Cheque)** should reach the following address on or before **12th August 2023.**

To, Dr. SALIL NENE

Secretary & Treasurer, IBO

Innovate Speciality Dental Clinic

312, Pentagon, Shahu College Road,

Opp Hotel Panchami, Parvati, Pune - 411 009.

Mobile : 9822871387

E-mail : ibosecretary@iosweb.net

FOR OFFICE USE ONLY

Draft : _____ **Rs.** : _____

Receipt No. : _____ **Date** : _____

Reg. No. : _____ **Hall Ticket No. :** _____

Note : 1) The examination will be conducted during the **57th Indian Orthodontic Conference** at **Meerut, Uttar Pradesh** on **13th and 14th September 2023, 9.00 am** onwards. Candidates have to submit the case records (with all the necessary documents, Notarised Affidavit on **Rs. 100/- stamp paper** etc.) on **12th September 2023**, not later than **12.00 noon.**

2) **Any change** in the **Candidate's Address / Tel. No. / E-mail** should be **informed immediately.** Indian Board of Orthodontics (**IOB**) **will not be responsible** for mistakes in the contact details by the applicant.

3) **Late entries will not be accepted.**