

### RE-SIT 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 PREVIOUS IBO PHASE III EXAMINATION** :

ATTEMPT	PLACE, YEAR OF CONF.	CATEGORIES COMPLETED	CATEGORIES IN-COMPLETE

*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 **12<sup>th</sup> 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.**