



## ASSOCIATION OF DENTAL AND PROSTHETIC ONCOLOGY

*'Accepting challenges of rehabilitation & oncology'*

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### Application for Membership

(Please type or write in capital letters)

***For Office Use only***

Membership No: \_\_\_\_\_

Admitted on \_\_\_/\_\_\_/\_\_\_

1. I, Dr./ Mr./ Ms. \_\_\_\_\_ (Surname) (First name)  
(Middle name) wish to apply for Annual/ Gold/ Student\*/ Affiliate/ Associate Membership of  
the Association of Dental and Prosthetic Oncology (ADPO). *(Please tick whichever is relevant)*

*(\*In case of application for Student membership, the application form should bear the Principal's / Head of the  
department's signature and the stamp of the institution.)*

2. My address for correspondence is:

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pincode \_\_\_\_\_

Contact No. \_\_\_\_\_ Landline No. (if any) \_\_\_\_\_

Email address: \_\_\_\_\_

3. My Date of Birth is \_\_\_/\_\_\_/\_\_\_

4. My Nationality is \_\_\_\_\_

5. My current affiliation is \_\_\_\_\_

6. My qualifications are:

(Degree)

(Year)

(College / University)

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_



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7. I am registered with the Dental Council of \_\_\_\_\_(state) with the registration no. as \_\_\_\_\_.

8. My field of practice is \_\_\_\_\_

9. I am a member of \_\_\_\_\_  
(Professional bodies)

10. Membership Fees: -

Type of membership	Enrollment Fee	Membership Fee	Total Membership fee
<b>Annual Membership</b> A dental surgeon registered under Part A of the Indian Dentists Act, 1948 (Graduates), who works or intends to work in dental oncology in terms of dental treatment of cancer patients and rehabilitation of congenital anomalies, traumatic and acquired maxillofacial defects. <i>Validity: One year (i.e. from 1st April to 31st March, irrespective of month of joining).</i>	500/-	1000/-	1500/-
<b>Gold Membership</b> (A dental surgeon registered under Part A of the Indian Dentists Act, 1948 (Graduates), who works or intends to work in dental oncology in terms of dental treatment of cancer patients and rehabilitation of congenital anomalies, traumatic and acquired maxillofacial defects. <i>Validity: Five years (i.e. from 1st April to 31st March for five successive years, irrespective of month of joining)</i>	500/-	3000/-	3500/-
<b>Student Membership</b> (Eligibility: A post- graduate student from a dental	500/-	2000/-	2500/-



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institution / college, recognized / approved by the Dental Council of India.)			
<b>Affiliate Membership</b> (Eligibility: A dental surgeon residing outside India registered in the country of his/her practice.)	10 USD	150 USD	160 USD
<b>Associate membership</b> (Eligibility: Head and neck oncologist, Plastic surgeons, Oral and maxillofacial surgeons, Speech and language pathologists, Registered Dental hygienists and dental technicians.)	500/-	1000/-	1500/-
<b>Corporate membership</b> (Pharmaceutical Companies, Healthcare Providers and other Corporate members.)	Please contact ADPO for more details	Please contact ADPO for more details	Please contact ADPO for more details

**11. Payment details**

Enclosed Rs / \$(US) \_\_\_\_\_ by Cheque no. \_\_\_\_\_ / Demand Draft no. \_\_\_\_\_, dated \_\_\_\_\_, drawn on \_\_\_\_\_ (Name of bank with branch) in favour of “ Association of Dental and Prosthetic Oncology” payable at Mumbai.

Please send us xerox copy of the deposit receipt along with duly filled Membership application form.

Alternatively, you can also do bank transfer through NEFT/ RTGS as per the following details:



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**BANK DETAILS FOR NEFT/RTGS PAYMENT**

Title of account: 'Association of Dental and Prosthetic Oncology'

Account No.: 3746867010

Type of account: Current Account

MICR code: 400016112

IFSC Code: CBIN0284241

Bank Name: Central Bank of India

Branch: TMC Hospital

Dated \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Please submit the completed application form along with the requisite fee to: -

Dr. Sandeep Gurav/ Dr. Gurkaran Preet Singh,

Dental and Prosthetic Services, GJB -130, Tata Memorial Hospital,

Dr. E. Borges Marg, Parel

Mumbai-400 012

*Mail: adponcology@gmail.com*

*Phone no. 022-24177225; 9004712432*

*Website: adponcology.org*