



PIERRE FAUCHARD ACADEMY

Application form for Fellowship - 2017
(Please submit after 01-04-2017 & before 30-09-2017)

To

Dr. T. Samraj
Secretary & Treasurer
Pierre Fauchard Academy, India Section
24/12C-1, Lakshmipuram, Gandhi Road
Salem - 636 007.

Colour Photograph

Sir,

In making this application for Fellowship in the Pierre Fauchard Academy, I submit the following information as to my professional activities and standing : (Use capital letters)

1. Name :
(For certificate)

2. Mailing Address :

Pin Code :

Tel. No. Clinic :

Residence :

Mobile :

E-mail :
(required for correspondence)

3. Date of Birth :

4. Curriculum vitae :

(Enclose copy as Annexure I)

5. Attendance at Dental College :

(Enclose copy of degrees as Annexure II)

College	Degree	Year	University

6. Registration No. State Date
(Enclose copy of registration as Annexure III)

7. Academic / Research Activities : (Enclose list of publications as Annexure IV)
8. Indian Dental Association Membership : (Enclose details of positions held as Annexure V)
 Member No. Branch : Date :
9. Other Professional Society Membership : (Enclose details as Annexure VI)
10. Major Professional Activities : (Enclose details as Annexure VII)

I solemnly pledge myself to co-operate, by all suitable and just means, in extending and advancing the high moral, ethical, professional and scientific principles and the influence for the good of the Pierre Fauchard Academy.

Date :

Applicant's Signature

Proposing P.F.A. Fellow's Signature

Name & Number :

Seconding P.F.A. Fellow's Signature

Name & Number :

Enclosure: Demand Draft No. _____ dated / / 2017 from _____
 _____ Bank for Rs. 24,000/- drawn in favour of "Pierre Fauchard Academy", payable at Salem. (Indian Fellowship Fees Rs. 14,000/- as Induction Fees Rs. 6,000/-, Life Membership Fees Rs. 6,000/-, Journal Fees Rs.1,000/- & C.D.E. Fees Rs.1,000/- and International Fellowship Fees Rs. 10,000/- as Induction Fees & Annual dues for 1 year).

To renew International Annual dues in September 2019, by remitting Rs. 7,000/- for 2 years, 2020 & 2021.

FOR OFFICE USE ONLY (To be filled in by the Secretary)

Application

Approved

Pending

Rejected

Date of Senate meeting

Signature