

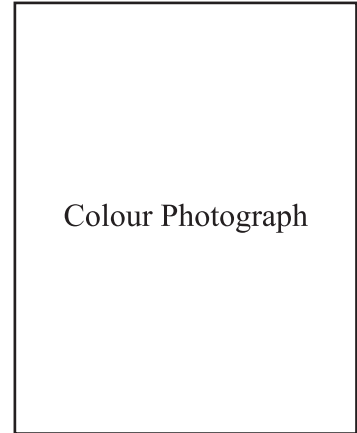


PIERRE FAUCHARD ACADEMY

Application form for Fellowship - 2018
(Please submit after 01-04-2018 & before 30-09-2018)

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 of degrees 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 / / 2018 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 in September 2020, by remitting Rs. 7,000/-
 towards 2 years international Annual dues)

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

Application Approved Pending Rejected

Date of Senate meeting

Signature