

PIERRE FAUCHARD ACADEMY

Application form for Fellowship - 2024 (Please submit by email only after 01-04-2024 & before 30-09-2024)

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Prof. Maya Ramesh 100, Kittu Residency

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Alagapuram Salem - 636016

E-mail: **pfaindiasection@gmail.com**

Sir,

Colour Photograph

In making this application for Fellowship in the Pierre Fauchard Academy, I s	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 / Photograph PDF 1: (Enclose copy as Annexure I/Annexure I A)

5. Attendance at Dental College PDF 2: (Enclose copy of degrees as Annexure II)

College	Degree	Year	University

6. Registration No. PDF 2 State Date (Enclose copy of registration as Annexure III)

7.	Academic / Research Ac	tivities	PDF 3 : ((Enclose list	of publication	ons as Annexure IV	⁷)
8.	Indian Dental Associatio	n Membership	PDF 3 : (Enclose det	ails of positio	ons held as Annexu	ıre V)
	Member No.		Branch:		Date:		
9.	Other Professional Socie	ty Membership	PDF 3 : (Enclose deta	ails as Annex	ure VI)	
10	. Major Professional Activ	vities	PDF 3: (Enclose deta	ails as Annex	ure VII)	
	I solemnly pledge myse e high moral, ethical, pr erre Fauchard Academy.	*			-	•	_
Da	ite:				A	pplicant's Signatur	·e
Pro	oposing P.F.A. Fellow's Si	gnature:					
Na	ame & Number:						
Se	conding P.F.A. Fellow's S	ignature:					
Na	ime & Number:						
Ac	ease scan and email to the Sec ademy Account No: 0281 ABL0000028.	•					
Jou Fee	etails: (A) Indian Fellowship urnal Fees Rs. 1,000/- & C.D. es & Annual fees for 1 year propriate fees.)	.E. Fees Rs. 1,000	0/- and (B) In	ternational Fe	llowship Fees	Rs. 14,500/- as Indu	ction
Fo	r Office use only (To be fi	illed in by the S	ecretary)				
Ap	pplication	Approved		Pending	9	Rejected	
Da	ate of Senate meeting:			Fellow	Number:		
Sig	gnature:						