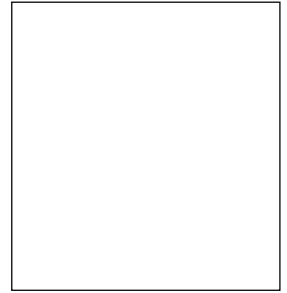


# **Indian Prosthodontic Society, Karnataka Branch**

## **Student Membership Form**



NAME :

AGE /GENDER :

NAME OF THE INSTITUTION:

PERMANENT ADDRESS:

COLLEGE ADDRESS:

CONTACT NUMBER:

Email ID:

IPS STUDENT MEMBERSHIP NUMBER:

YEAR OF PASSING BDS:

COLLEGE:

NAME OF THE UNIVERSITY:

YEAR OF JOINING PG:

### **MODE OF PAYMENT**

AMOUNT: Rs: 500 (Including GST)

CASH  CHEQUE  DD  NEFT  NET BANKING

TRANSACTION NUMBER:

\*DD should be drawn in the favour of "IPS KARNATAKA BRANCH" payable at "BELGAUM"

\*\*BANK DETAILS:

**ACCOUNT NAME :- IPS KARNATAKA**

**BANK NAME: CANARA BANK ACCOUNT NUMBER: 05341010000740**

**IFSC CODE: CNRB0010534**