

Indian Prosthodontic Society's
STUDENT OF THE YEAR
AWARD, 2021

Application Form

Last date to return the completed application form is 10th March 2021

Name of the Candidate:

Photograph

Date of Birth:

Age:

Sex:

IPS Membership Number:

Email id:

Mobile phone number:

Alternative contact number:

Name of the University:

Name of the College:

Address of the College:

Appearing for Final MDSExamination: month:2021

Payment Details

Rs. 1000/- is the Exam Fee; Details of the Bank Account for Transfer are mentioned below; easily verifiable Proof of Transaction must be attached with the Application form

Name of the Payee:

Amount Paid:

Date of Payment:

Bank Name:

Transaction Details:

Date:

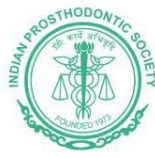
Candidate

Name and Signature of

I do, hereby authenticate the details provided by my Postgraduate student to be accurate, to the best of my knowledge.

Name, Sign and Seal of Head of Department

Name, Sign and Seal of
Principal



Note: -

- All details must be filled as required.
- Incomplete forms will be rejected and the Candidate will lose the fees remitted.
- Originals will be verified at an appropriate time.
- Any wrong information provided can attract debarment from exams and IPS membership.
- **No Refund Policy for the exam.**

Account Details

Account Name: **INDIAN PROSTHODONTIC SOCIETY**

Account Number:

602201201589 Type: **Savings**

Trust Account Bank: **ICICI**

BANK LIMITED

Branch **R K SALAI**

IFS Code: **ICIC0006022**

Branch Address: **No. 1A, Conjeevaram Towers, P S Sivasamy Salai, MYLAPORE, CHENNAI 600004**

Mail to : Scan the completed application and email to ipsssoyaward@gmail.com. You must also send the hard copy to Dr. Ravindra Savadi, 220, 32nd A Cross, 7th Block, Jayanagar, Bangalore 560070