

**Requisites for Fellowship to
INTERNATIONAL COLLEGE OF DENTISTS, India, Sri Lanka & Nepal Section**

Dear Dr.

A. FOLLOWING ARE PRE REQUISITES FOR CONSIDERATION OF FELLOWSHIP :

1. Must be a qualified dental surgeon. B.D.S. (Recognized by DCI)
2. Age must be 35 or above as on May 31st, of the year of application.
3. Membership of Indian Dental Association, minimum 5 years /Life Membership IDA Head Office.
4. Registered Dental Surgeon with a state dental council till the date of the application.

B. FEES FOR OBTAINING PRELIMINARY APPLICATION FORMS:

1. Preliminary application form will be sent to you on receipt of the fee of Rs. 400/- (Postage /Processing fee/ service tax). If application is downloaded from the net a cheque of Rs. 400/- is to be attached with the application.
2. Cheque/DD for Rs. 400/- should be drawn in favour of '**INTERNATIONAL COLLEGE OF DENTISTS, INDIA SECTION, NEW DELHI**'.
3. Please add Rs.50/- for outstation cheques.

C. PROCEDURE FOR SUBMITTING PRELIMINARY APPLICATION FORMS:

1. Fill up all the columns in preliminary application form (*in duplicate*).
2. Attach the following along with the preliminary application.
 - **Copies of degrees (BDS/MDS) etc.**
 - **Registration Certificate from the state dental council up to date.**
 - **Copies of Publications.**
 - **Proof of membership claimed/supporting documents/credentials claimed in each column.**
 - **Two latest passport size photographs.**
 - **Certificate of IDA Membership as having continuous/good standing membership of 5 years from IDA (member branch)/Life Membership IDA Head Office**
 - **Detailed bio-data.**

D. LAST DATE FOR RECEIPT OF PRELIMINARY APPLICATION FORM

May 31st each year.

Application received after May 31st will not be considered for grant of fellowship for the particular year.

- E. FEE:- Elected fellows of I.C.D. India & Sri Lanka Section have to sign an undertaking for Submitting their dues on selection as follows:

Fee for India Section –

- ❖ **Rs.20,000/- (Twenty thousand only)**
- ❖ A Deposit of **Rs.15,000/-** towards the payment in US Dollars for the following:
 - Induction fee for USA (Head Office) US\$50.00 for the year of Grant of Fellowship.
 - Central Share to Head Office, USA - @ US\$ 50.00 per year after the Induction year for 3 years in advance.
- ❖ **Rs. 6300/- (Six Thousand three hundred only)** as **GST of 18 %** (as applicable by the Govt. of India)

Total Demand Draft of Rs.41,300/- (Forty one thousand three hundred only) in favour of “International College of Dentists, India Section, New Delhi” on approval by the Board prior to the induction.

With regards and wishing you all the best,

DR. RAJIV K. CHUGH
Secretary General, I.C.D.

Application Form

INTERNATIONAL COLLEGE OF DENTISTS
INDIA, SRI LANKA & NEPAL SECTION
(SECTION-6)

PRELIMINARY FORM

Objective:

Our purpose is to seek, with maximal adequacy, comprehensiveness and fairness, and evaluation of the qualifications of a prospective fellow, which will portray his present eligibility and readiness for election and, in the case of the younger applicant, his promise of potential achievement.

In addition to formal biographical information, any assistance in the form of letters of endorsement or brief comment and descriptive detail will be of high value.

Letters of endorsement or of appraisal (attached hereto or separately available):

- 1.)
- 2.)
- 3.)

Name of the candidate:-

Address:-

Pin Code:-

Phone No.: (Off) _____ (Res) _____

Email : _____

Recommendations (or comments) of **Zonal Regent**:

Proposed by _____
(ICD Fellow)

Seconded by _____
(ICD Fellow)

Date _____

Secretary General

Credentials report:

Remarks

1

2

3

4 Chairman

Decision by Board of Regents: _____

President _____

INTERNATIONAL COLLEGE OF DENTISTS
INDIA, SRI LANKA & NEPAL SECTION
(SECTION-6)

1. Name _____
2. Address _____
3. Phone (Res) _____ (Off) _____
4. (Mobile) _____ (Email) _____
5. Place and Date of Birth _____
6. Attendance at School/ College:
 - (a) College _____ Years attended _____
 - (b) If graduated, state degree _____ Year _____
7. Attendance at Dental college:
 - (a) College _____ Years attended _____
University _____
 - (b) If graduated, state degree _____ Year _____
8. Attendance at professional or other school for postgraduate or graduate work:
 - (a) School _____
Nature of study _____ Year _____
 - (b) If graduate degree or diploma received, so state _____ Year _____
9. Honorary Degrees _____ College/ Univ. _____
_____ Date _____
10. Hospital Service: Duration:
 - (a) Intemee _____ (b) Staff Member _____
 - (c) Other capacity _____
 - (d) Character of service _____

11. Years in general practice _____ Since _____

12. Years in specialty practice _____ Specialty _____

Time devoted to specialty Practice _____

13. Dental society or other professional memberships (active):
(Attach certificate from the Secretary, giving the details of memberships and offices held.)

_____ Since _____
_____ Since _____
_____ Since _____
_____ Since _____

14. Special professional contributions:

A) Teaching

(a) Academic (schools or colleges-dental, medical, etc.)

School _____

Title _____

Period _____

Subjects' taught _____

(b) Non-academic - clinics, study clubs, conferences or society meetings etc:

Topics

_____ Date _____

_____ Date _____

_____ Date _____

B) Research:

(a) Clinical investigations :

(b) Non-clinical (academic, laboratory, etc :)

C) Publications :(Itemize; extra page if necessary ; state title, journal, year, page): (Annexure 3)

(D) Organizational activities- professional societies, etc. - promotion, services, etc.:

Official positions held

15. Honors/ Awards received, etc.

16. Participation in community Activities:

Such as

- (a) Public health or public welfare – local, general; e.g. mental health; cancer, etc;
Volunteer work (state or social agencies, etc)
- (b) Civics (political, social, economic, community planning, etc).
- (c) Religious activities
- (d) Other evidences of concern for needs of youth, indigent, handicapped, aged

etc. _____

17. Non-professional activities relating to the humanities: Interest in, or contribution to – literature, art, music, travel, recreations, etc.

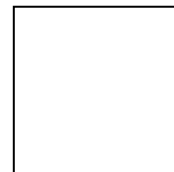
16. Experience in other vocational areas, skills, etc.; e.g. teaching (general), business, industry, agriculture _____

17. Service with armed forces, if any

18. Other information related to personal background, training, interests, professional or individual philosophy, activities, goals

19. a) Registration with dental council No.:

- a) Date of registration:
- b) State with which registered:



Candidate's Signature

Date

One copy, photograph quarter size, glazed

Note: - If additional space is needed for any item- attach extra sheets.