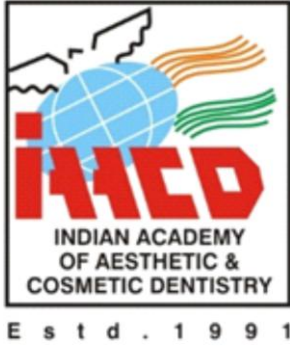


# INDIAN ACADEMY OF AESTHETIC & COSMETIC DENTISTRY



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## LIFE MEMBERSHIP APPLICATION FORM FOR DENTIST / DENTAL TECHNICIAN

**Title** Mr. / Ms / Dr.    **First Name\*** \_\_\_\_\_    **Middle Name** \_\_\_\_\_

**Last name** \_\_\_\_\_    **Date of Birth** \_\_\_\_\_    **Gender** Male  Female

**Residence Address\*** \_\_\_\_\_  
\_\_\_\_\_

**Residence Phone no.** \_\_\_\_\_    **Mobile** \_\_\_\_\_    **Whatsapp** \_\_\_\_\_

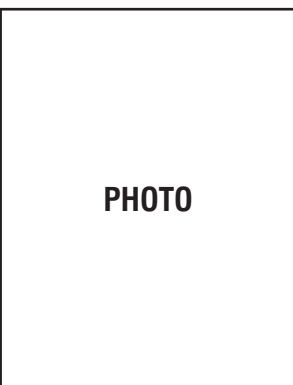
**Clinic Address** \_\_\_\_\_  
\_\_\_\_\_

**Clinic City** \_\_\_\_\_    **State** \_\_\_\_\_    **Country** \_\_\_\_\_

**Clinic Phone** \_\_\_\_\_    **Institution Attached** \_\_\_\_\_

**Qualification** \_\_\_\_\_    **DCI Registration no** \_\_\_\_\_    **Website** \_\_\_\_\_

**Email address** \_\_\_\_\_    **Preferred Password** \_\_\_\_\_



**Payment** –  Cash     Cheque     NEFT

**Cheque No. / NEFT Transaction No.** \_\_\_\_\_

If my application is accepted, I agree to abide by the Constitution, its Bye Laws and other rulings of the Academy. I understand that the use of IAACD's logo or any other reference to the IAACD in any promotional materials such as, but not limited to yellow pages ads, newspaper and magazine ads, letterhead, business cards, etc. is restricted to Accredited Members. I understand that my joining the IAACD as an Associate Member does not entitle me to the privileges of an Accredited Member and I agree not to use the IAACD's name in the afore mentioned promotional materials or any other communication with the public until fulfill my Accreditation requirements.

**Application Date**

**Signature of Applicant**