



# INDIAN SOCIETY OF PERIODONTOLOGY

## Requirements for Membership Card

Name (in BLOCK LETTER) : .....

Existing Life Membership Number : .....

Communication address/Address to be written on card

Door no. / Plot no : .....

Building Name : .....

Area/Street/ Lane : .....

: .....

Passport  
Size  
Photo

Taluka /Panchayat/ Village : .....

City/ District : .....

Pin Code :

State : .....

Country : .....

Mobile number :

Phone number :

Fax Number :

Email ID : .....

Date of Birth :     
Date Month Year

Blood group : .....

Kindly fill the form and send to

Head office:

**Dr. Abhay Kolte, Secretary, ISP**

+91-9011071467 | [secretaryispindia@gmail.com](mailto:secretaryispindia@gmail.com)

**Professor, VSPM Dental College & Research center, Digdoh Hills, Hingna Road, Nagpur – 440019, Maharashtra**