**APPLICATION FORM**

Affix passport size photograph

 **IBOMS EXAMINATION – 2017**

(Please fill in capital letters & in black ink only)

Name:

Age: Date of birth: Sex:

M

F

Address:

Telephone: (Landline)

(Mobile)

Email ID:

 AOMSI membership number:

State Dental Council Registration No:

Present Qualification: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Month and Year of Qualification: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Institution: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Present position: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Institutional Attachment if any: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Accumulated points (calculated based on the provided criteria):

Calculation of points (for eligibility of IBOMS examination): ……………………………………… …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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**Documents to be attached (photocopies only)**

1. MDS or equivalent examination certificate.
2. Log book for clinical and surgical experience
3. Copies of experience certificate from relevant authority.
4. Documents of proof for point tally (conference certificates, publications, citations etc).
5. Three recent color passport size photographs (one of which is to be affixed on the application).
6. Acknowledgement slip for online transfer

**Examination Fee** Rs**. 5000/- (Rupees Five thousand only**) **only by online Transfer**

**Bank Details:**

**Name**: **Indian Board of Oral and Maxillofacial Surgery**

**Account Type Savings account**

**A/C No: 4769000100069158**

**IFSC Code: PUNB0476900**

**Bank Address: Punjab National Bank**

**Sector 31, Faridabad**

**(NB:** Successful candidates should pay **Rs.5000/-** as fees for receiving the fellowship.)

**The application with the necessary documents should be sent to the following address:**

**Dr. M. Veerabahu MDS**

Secretary, IBOMS

**Flat H, Prajwal Nivas**

**457, RK Shanmugam Salai, KK nagar**

**Chennai, Tamilnadu**

**Pin 600078**

**Email-** **iboms2016@gmail.com**

**Cell: 09840141824**

**Last date to receive the application will be 15 October 2017.**

**Dr. Ramdas Balakrishna Dr. M. Veerabahu**

**Chairman – IBOMS Secretary – IBOMS**