

APPLICATION FORM IBOMS EXAMINATION – 2019

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

Name:

Age/Sex :

Date of birth:

Address:

Telephone: (Landline)

(Mobile)

Email ID:

AOMSI membership number:

State Dental Council Registration No:

Present Qualification: _____

Month and Year of Qualification (MDS): _____

Institution: _____

Present position: _____

Institutional Attachment if any: _____

Accumulated points (calculated based on the provided criteria):

Calculation of points (for eligibility of IBOMS examination):

.....
.....
.....

Documents to be attached (photocopies only)

1. MDS or equivalent examination certificate.
2. Copies of experience certificate from relevant authority.
3. Documents of proof for point tally (conference certificates, publications, citations etc).
4. Three recent colour passport size photographs (one of which is to be affixed on the application).
5. Receipt for online transfer towards examination fee RS 10,000.

NB: all the above said documents along with the duly filled in application should be send to the following address

Prof.Dr.AnnamalaiThangaveluMDS,DNB,FIBOMS
Secretary, IBOMS
No 10, BharathiStreet ,
Pondicherry -1
Pin 605001
Email-iboms2016@gmail.com
omfsvat@gmail.com
Cell: +91 9443244213