

INDIAN BOARD OF ORAL & MAXILLOFACIAL SURGERY

Affix passport size
 photograph

APPLICATION FORM
FELLOWSHIP EXAMINATION
1ST DECEMBER 2021

(Please fill in
 capital letters &
 with black ball

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point pen only)

1. Name:

2.

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 Age: 3. Date of

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 birth: 4.

M	F
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 Sex:

5.
Address:

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6. Telephone: (Landline)

(Mobile)

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7. Email ID:

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8. AOMSI / National specialty association membership
 number:

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9. Month and Year of passing MDS:

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10. Council
 Registration
 details:

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11. Institution:

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15. Payment details:

Bank	Mode of transfer	DD No./ UID	Date	Amount

16. Verified by (for official use):

Documents to be attached (photocopies only) with the application form:

1. Curriculum vitae
2. MDS or equivalent examination certificate.
3. Council Registration.
4. Copies of experience certificate from relevant authority.
5. Surgical log book – past three years, attested by the head of the department / institution
6. Documents of proof for point tally (conference certificates, publications, citationsetc).
7. Three recent color passport size photographs(one of which is to be affixed on the application).
8. Payment details: UID number / demand draft details for **Rs.10000/- (Rupees ten thousandonly)** as examination fees

The application with the necessary documents should be mailed to the following address in both hard and soft copies.

Send Soft Copy to: examinations.iboms@gmail.com

**Send Hard Copy to: Dr. Shaji Thomas
Secretary, IBOMS
Rose 492, New Minal Residency,**

**JK Road, Bhopal 462023
Madhya Pradesh India.
Telephone No. +91 9827433449**

**ONLY APPLICATIONS RECEIVED BY SOFT COPY ONOR BEFORE 11:59 PM, 16TH
NOVEMBER 2021 WILL BE ACCEPTED.**

Chairman – IBOMS

Secretary – IBOMS