

Requisites for Fellowship to
INTERNATIONAL COLLEGE OF DENTISTS
India, Sri Lanka & Nepal Section

Dear Dr.

Objective:

Our purpose is to seek, with maximal adequacy, comprehensiveness and fairness, and evaluation of the qualifications of a prospective fellow, which will portray his present eligibility and readiness for election and, in the case of the younger applicant, his promise of potential achievement.

A. FOLLOWING ARE PRE REQUISITES FOR CONSIDERATION OF FELLOWSHIP :

1. Must be a qualified dental surgeon. (B.D.S., and registered with Dental Council of India/Sri Lanka/Nepal, registration valid till the date of the application)
2. Age preferably be 30 or above as on December 1st, of the year of application.
3. Shall be member of the Indian Dental Association (or the National Dental Association of the country, or must be a member of the specialty society such as IOS,IPS,IAPHD,IES, etc.) in good standing for five year/Life Member.

B. FEES FOR OBTAINING PRELIMINARY APPLICATION FORMS:

1. Preliminary application form will be sent to you by email or on smart phone app. A Processing fee of INR 400/- is payable by Cheque / DD on application submission or direct transfer to the account can be done with intimation.
2. Cheque/DD for INR 400/- should be drawn in favour of '**INTERNATIONAL COLLEGE OF DENTISTS, INDIA SECTION, NEW DELHI**'.
3. **Account details-- Indian Overseas Bank, Defence Colony Branch , Ac no 011501000030739, IFSC code IOBA0000115, MICR 110020006, SAVING ACCOUNT**

C. PROCEDURE FOR SUBMITTING PRELIMINARY APPLICATION FORMS:

1. Fill up all the columns in application form (*in duplicate*).
2. Attach the following along with the preliminary application.
 - **Copies of degrees (BDS/MDS) etc.**
 - **Registration Certificate from the state dental council up to date**
 - **Copies of Publications.**
 - **Supporting documents/credentials claimed in each column.**
 - **Two latest passport size photographs.**

- **Certificate of IDA / Any Specialty association Membership as having continuous/good standing membership of 5 or Life Membership**

D. LAST DATE FOR RECEIPT OF PRELIMINARY APPLICATION FORM

May 31st each year.

- E. FEE:- Elected fellows of I.C.D. Section VI have to sign an undertaking for Submitting their dues on selection as follows:

Fellow invitees residing in India:-

- ❖ **Total Demand Draft of Rs.35000/- (Thirty-five thousand only) in favor of “International College of Dentists, India Section, New Delhi” on approval by the Board and prior to the induction.**

The details of fee is as under:-

a)Rs.20,000/- (Twenty thousand only)Fee for ICDSecton VI

b)A Deposit of Rs.15,000/- towards the payment in US Dollars for the following:

- Induction fee for USA (Head Office) US\$50.00 for the year of Grant of Fellowship.

-Central Share to Head Office, USA - @ US\$ 50.00 per year after the Induction year for 3 years in advance.

- ❖ **After three years Amount equivalent to US dollar 50 per year (or whatever the International feebeat that time) is payable to maintain the membership.**

Fellow invitees residing abroad

- ☑ **Total Account transfer / Demand Draft equivalent to \$1000. in favor of “International College of Dentists, India Section, New Delhi” on approval by the Board and prior to the induction.**

Includes Induction fee for USA (Head Office) US \$50.00 for the year of Grant of Fellowship.

-Central Share to Head Office, USA - @ US\$ 50.00 per year after the Induction year for 5 years in advance.

- ☑ **After five years of induction Amount equivalent to US dollar 50 per year (or whatever the International fee be at that time) is payable to maintain the membership.**

- F. The application form can be filled in the downloaded word format (Save document as ""New fellow application - First – Middle-Last name"") The annexure documents can be scanned as JPG and labeled as "Annex Number – Applicant First name" and sent by your registered **email** to icdsectionvi@gmail.com **Subject** :- ""New fellow application - First – Middle-Last name
- G. Two Printout of emailed form are to be signed and sent to Office along with cheque/DD of Rs.400 . Do not send the annexure as they have been already sent by email. In case not sent by email , only then send them in post

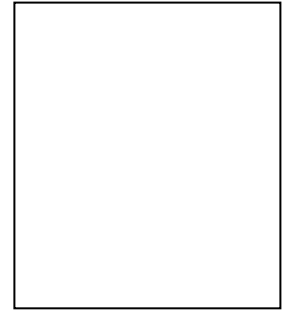
With regards and wishing you all the best,

DR. Yogesh Kumar Virmani
Secretary General, ICD Section VI
260 / C-8 / Sector 8,
Rohini, Delhi. 110085 Phone 7838566232 (OFF) 9810019636

Application Form

(* Mandatory annexure)

**INTERNATIONAL COLLEGE OF DENTISTS
INDIA, SRI LANKA & NEPAL SECTION
(SECTION-VI)**



Fit your picture in this approximately 5 cm height 4 cm wide

1. **Name -First** _____ **Middle** _____

Last _____

Name as should appear on Certificate: -

2. **Address_(Permanent)** _____

City _____ **State** _____

Country _____ **Pin Code** _____

3. **Address_(Corrospondance)** _____

City _____ **State** _____

Country _____ **Pin Code** _____

4. **Phone (Res)** _____ **(Off)** _____

5. **Mobile(with country code)** _____ **Email:** _____

6. **Place and Date of Birth** _____

(Attach documentary proof) (**Annexure 1**)*

7. **Dental college as graduate:**

College _____

University _____

Years attended _____

8. Attendance at professional or other school for postgraduate or Diploma:

Degree _____

Specialty _____

College _____

City _____ State _____ Country _____

University _____

Nature of study _____ Year _____

(Attach copies of BDS/ MDS/ PHD/ Other Degree) **(Annexure 2*)**

If more than one label as 2a, 2b, etc

9. Council Registration:

Registration with Dental Council No.: _____

Date / Year of registration: _____

State with which registered: _____

(Attach copy of updated Council Registration certificate) **(Annexure 3)***

10. Honorary Degrees _____ College/University _____

City _____ State _____

Country _____ Date _____

(Attach copy of Honorary Degrees) **(Annexure 4-If more than one label as 4a, 4b, etc)**

11. Hospital Service:

Duration: _____

Current Status _____

(Attach copy of Proof of service) **(Annexure 5- If more than one, label as 5a, 5b, etc)**

12. **Years in general practice** _____ Since _____

Address :- _____

City _____ State _____ Country _____

Pin Code _____

(Attach copy of proof eg. Letter Head) **(Annexure 6- If more than one, label as 6a, 6b, etc)**

13. **Years in specialty practice** _____ Specialty _____

14. **Dental Association/society or other professional memberships** (active):
(Attach certificate from the Secretary, giving the details of memberships and offices held).

(Attach copy of Certificate) **(Annexure 7- If more than one, label as 7a, 7b, etc)**

15. **Special professional contributions:**

- A) Teaching:
- B) Research:

(Attach copies) **(Annexure 8- If more than one, label as 8a, 8b, etc)**

16. **Publications** :(Itemize; state title, journal, year, volume, issue, page number):

Number of Publications attached _____

(Attach copies of title pages) **(Annexure 9- If more than one, label as 9a,9b)**

17. **Organizational activities**- professional societies, Official positions held etc. - promotion, services, etc.

Number of Copies attached _____

(Attach copies)(**Annexure 10- If more than one, label as 10a,10b**)

18. Honors/ Awards received, etc.

(Attach copies of certificates/ honors/ awards)(**Annexure 11- If more than one, label as 11a,11b**)

19. Participation in community Activities:Such as

- (a) Public health or public welfare – local, general; e.g.; cancer, etc; Volunteer work (state or social agencies, etc)
- (b) Civics (social, economic, community planning, etc).
- (c) Other evidences of concern for needs of youth, indigent, handicapped, aged etc.

(Attach copies of participation certificates) (**Annexure 12- If more than one, label as 12a,12b**)

20. Non-professional activities relating to the humanities: Interest in, or contribution to literature, art, music, travel, recreations, etc.

(Attach copies of certificates) (**Annexure 13- If more than one, label as 13a,13b**)

21. Service with armed forces, if any

(Attach copy of certificate)(**Annexure 14- If more than one, label as 14a,14b**)

Proposed by _____ Seconded by _____
Name (ICD Fellow) Name(ICD Fellow)

Candidate's Signature

Name _____

Date _____

Attach One copy, photograph quarter size, glazed

Note: - If additional space is needed for any item- Add in the end and of form and give reference of page number in main serial number space.

List of Annexure

| Annexure no. | Type of document | ✓ wherever applicable |
|---------------------|--|------------------------------|
| Annexure 1 | Date of birth certificate | |
| Annexure 2 | BDS/ MDS/ Other degree certificate | |
| Annexure 3 | Dental Council registration certificate | |
| Annexure 4 | Honorary degree certificate | |
| Annexure 5 | Proof of hospital service | |
| Annexure 6 | Proof of years in general practice in Letter head | |
| Annexure 7 | Dental society or other professional memberships certificate | |
| Annexure 8 | Special professional contribution certificate (Teaching and/or research) | |
| Annexure 9 | Publications (Title pages) | |
| Annexure 10 | Organizational activities | |
| Annexure 11 | Honors/ awards received | |
| Annexure 12 | Participation in community activities | |
| Annexure 13 | Non-professional activities relating to the humanities | |
| Annexure 14 | Service with armed forces, if any | |

"Insufficient documentation or non-attaching of Annexures in required format may delay in accepting of the membership and may be a reason for rejection"

Office assessment

Recommendations (or comments) of **Zonal Regent:**

Proposed by _____ **Seconded by** _____
Name (ICD Fellow) **Name(ICD Fellow)**

Date _____

Secretary General

Credentials report:

Remarks

1

2

3

4 Chairman

Decision by Board of Regents: _____

President _____