



## Indo-Pacific Academy of Forensic Odontology (INPAFO)

Registered under Societies, Registration Act (XXI of 1860) & as Amended by Punjab Amendment Act, 1957

## **MEMBERSHIP APPLICATION FORM**

Name (in BLOCK LETTERS	5):	Date:
Mothers Name:		
Age:	Sex:	Inse
		Insert your recent picture here
		our
		rece
Number of Publications:		nt pi
Office Address:		îctur
		e he
Phone number:		ře
Residential Address:	_	
		NATIONALITY:
Mobile number:		
Email address:		
Signature	Membership will be commence only after its approva Confirmed by Hony. Secretary General.  Mail this form along with payment proof of Rs 5000 II	
Place:	secretary.inpafo@gmail.com/achow	
Place:	secretary.inpafo@gmail.com/achow	dhry@jmi.ac.in
	For official use only	dhry@jmi.ac.in
	For official use only  DATE  Bank and Branch name:	dhry@jmi.ac.in
	For official use only  DATE  Bank and Branch name: State Bank of India, Medical College Branch Sector Recipients Name and Surname:	dhry@jmi.ac.in
	For official use only  DATE  Bank and Branch name:  State Bank of India, Medical College Branch Sector	dhry@jmi.ac.in
	Bank and Branch name: State Bank of India, Medical College Branch Sector Recipients Name and Surname: Indo Pacific Academy of Forensic Odontology Indo Pacific Academy of Forensic Odontology Acc 65037010741	dhry@jmi.ac.in
	Bank and Branch name: State Bank of India, Medical College Branch Sector Recipients Name and Surname: Indo Pacific Academy of Forensic Odontology Indo Pacific Academy of Forensic Odontology Acc 65037010741 IFSC Code:	dhry@jmi.ac.in
Place:   Membership # allotted:  Treasurer  President	Bank and Branch name: State Bank of India, Medical College Branch Sector Recipients Name and Surname: Indo Pacific Academy of Forensic Odontology Indo Pacific Academy of Forensic Odontology Acc 65037010741	dhry@jmi.ac.in

Indo-Pacific Academy of Forensic Odontology