

APPLICATION FORM
IBOMS EXAMINATION – 2014

(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 (MDS): _____

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. Copies of experience certificate from relevant authority.
3. Documents of proof for point tally (conference certificates, publications, citations etc).
4. Three recent color passport size photographs (one of which is to be affixed on the application).
5. Demand Draft for **Rs. 4000/- (Rupees four thousand only)** as examination fees drawn in favour of IBOMS payable at **Faridabad**.

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

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

Dr. Oommen Aju Jacob

Walliamannil

Kumarapuram

Trivandrum – 695 011

Kerala, India.

Last date to receive the application will be 31 October 2014.

Dr. Mohan Baliga
Chairman – IBOMS

Dr. Oommen Aju Jacob
Secretary – IBOMS