



INDIAN ASSOCIATION OF  
ORAL IMPLANTOLOGISTS

**Head Office Address**  
2nd Floor, Anira Apartments,  
Plot. No. 43/1, S-1, Arunachalam Rd,  
opp. Prasad Lab, Saligramam,  
Chennai, Tamil Nadu 600093,  
Mail Id : iaoglobalsummit@gmail.com  
Contact : +91 73059 45849  
GSTN : 33AACAI4776J1ZH  
Website : iaoi.in

## Fellowship in Implantology - Application Form

**A. Personal Information**

First Name	Last Name
<input type="text"/>	<input type="text"/>
Email	Phone Number
<input type="text"/>	<input type="text"/>
Address	City
<input type="text"/>	<input type="text"/>
State	Zip Code
<input type="text"/>	<input type="text"/>

**B. Dental Registration Details**

Dental Council Registration Number	Issuing Authority
<input type="text"/>	<input type="text"/>
Date of Registration	
<input type="text"/>	

**C. Educational Background**

Bachelor of Dental Surgery (BDS) / Equivalent	University/College
<input type="text"/>	<input type="text"/>
Year of Graduation	Year of Completion
<input type="text"/>	<input type="text"/>
Postgraduate Qualification (if any): Degree	University/College
<input type="text"/>	<input type="text"/>

**D. Professional Experience**

Current Practice / Institution	Designation
<input type="text"/>	<input type="text"/>
Years of Experience in Dentistry	Years of Experience in Implantology (if any)
<input type="text"/>	<input type="text"/>

**E. Additional Certifications & Training (if any)**

**F. Statement of Purpose**

INDIAN ASSOCIATION OF  
ORAL IMPLANTOLOGISTS

Please provide a brief statement on why you wish to pursue this fellowship, your experience in implantology, and how you plan to apply the knowledge gained.

**G. References**

Provide details of two professional references who can attest to your experience and suitability for the fellowship.

1. Name	Designation
<input type="text"/>	<input type="text"/>
Contact Number	Email
<input type="text"/>	<input type="text"/>
2. Name	Designation
<input type="text"/>	<input type="text"/>
Contact Number	Email
<input type="text"/>	<input type="text"/>

**H. Declaration**

I, , certify that the above information is true and correct to the best of my knowledge. I understand that providing false or misleading information may result in disqualification from the fellowship program.

Signature	Date
<input type="text"/>	<input type="text"/>

**I. For Official Use Only**

Application Received on	Reviewed by
<input type="text"/>	<input type="text"/>
Decision:	
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	
Comments:	
<input type="text"/>	