**Indian Prosthodontic Society**



**Application for Community Outreach Program**

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| **Program Details** | |
| IPS Branch Name |  |
| Name of the Institution/Individual |  |
| Address of the Institution/organization |  |
| Proposed Date for the Program |  |
| Proposed Location for the Program |  |
| **Proposer’s Details** | |
| Name |  |
| IPS Membership Number |  |
| Contact Number |  |
| Email ID |  |
| **Bank Details** | |
| Name of the Bank |  |
| Name and Address of the Branch |  |
| Account Number |  |
| Account Name |  |
| Type of Account |  |
| IFSC / RTGS |  |
| SWIFT Code |  |
| Branch Code |  |
| MICR Code |  |
| * The conduct of the Program is subject to the IPS Guidelines as laid out for a Community Outreach Program. * The final approval is subject to the submission of Program Report and substantiating documents to the Secretary, Indian Prosthodontic Society.   [secretaryipsonline@gmail.com](mailto:secretaryipsonline@gmail.com)   * Kindly ensure the accuracy of the submitted details. | |