**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* Kindly ensure the accuracy of the submitted details.
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