



IOS PROTECT

THE PROFESSIONAL INDEMNITY SCHEME

APPLICATION FORM

NAME :
LIFE MEMBERSHIP NUMBER :
DENTAL COUNCIL :
REGISTRATION NUMBER :
DATE OF REGISTRATION :
STATE OF REGISTRATION :
MOBILE NUMBER :
EMAIL ID :

ANY OTHER PROFESSIONAL INDEMNITY INSURANCE IN YOUR NAME
YES/NO

IF YES THE DETAILS OF THE SAME

Company :
Sum assured :
Valid up to :

PAYMENT DETAILS

Amount :
Date of Transfer :
Transaction /Reference ID :

I thoroughly understand that the policy shall cover incidents only based on the clauses issued by the company. I have read all the clauses and fully aware of the range and limit of the coverage of this policy and agree to the terms and conditions

Date

Seal and Signature

STEPS FOR ENROLLMENT TO THE SCHEME

1. Transfer the premium amount by NEFT/IMPS
2. Print the Application form, fill in the details with signature and seal at the bottom.
3. Scan/photo the duly filled application form and save it in color PDF FORMAT.
4. Mail the Scanned/photo PDF document of the Application form to mbpofios@gmail.com immediately to complete the registration process.
5. You will receive a confirmation mail within 3 working days after receiving your mail.

The premium amount to be transferred online to the following account only

NAME- INDIAN ORTHODONTIC SOCIETY

INDIAN BANK, INDIRAPURAM, U.P

ACCOUNT NUMBER-6714043815

IFSC-IDIB000I016

For any further details contact

DR.K.GNANA SHANMUGHAM, MDS.

Joint Secretary ,IOS/Chairman-Member Benefit Program

91 9840330483

Email: jointsecretaryios@gmail.com