

Membership form

Kindly enter my membership for Academy of Advanced Dental Research

Name of Individual

Address:

State/country _____

Phone No (with STD/ISD codes) _____

AADR Membership Fees

Country	Developing	Developed
1 year	375 USD	470 USD
(Jan-Dec)	(Inr 30000)	

Total amount= _____

Demand Draft /cheque No/other _____

Dated _____

Bank/Branch _____

Drawn In favor of “for Academy of Advanced Dental Research”

I agree the rules and regulations of association as a member

Signature of member

Bank details for direct deposit or transfer: A/C name:

“Academy of Advanced Dental Research”, Current
Account, HDFC Bank, And Branch: Paldi,
Ahmedabad, Gujarat, A/C no 02991450000308,
IFSC Code: HDFC0000299
Swift code: HDFCINBBXXX

**Academy of Advanced
Dental Research
(AADR)**

Membership Form

**Office:
AADR,
C/303,Sanskar
Building, Behind
Shalby hospitals, Opp-
Karnavati club,
SG highway
Ahmedabad, Gujarat,
India 380015**