

BEST LOCAL BRANCH PRESIDENT

Name of the President:		
IDA Local Branch Address:		
Branch Membership Streng	th on December Last Ye	ar:
Life Member:	Annual Member:	Total:
Branch Membership Streng	th on December this yea	ar:
Life Member:	Annual Member:	Total:
Increase in Membership:		
Life Member:	Annual Member:	Total:
How Many New Members	have joined in Your Bran	ch during this Term:
Percentage of Annual Mem	bership Renewal in you	Term:
No. of EC Meetings preside	d by you during you Terr	m:
No. of Cultural/ Sports Mee	et held in your Term:	
No. of CDE Programs held i	n your Term:	
No. of CDH Programs held i	n your Term:	
No. of Journal and Branch E	Bulletin published during	your Term:



BEST LOCAL BRANCH SECRETARY

Name of the Secretary:			
IDA Local Branch Address:			
Branch Membership Streng Life Member:	th on December Last Yea Annual Member:	ar:	Total:
Branch Membership Streng Life Member:	th on December this yea Annual Member:	ır:	Total:
Increase in Membership: Life Member:	Annual Member:	Total:	
How Many New Members h	nave joined in Your Bran	ch during t	his Term:
Percentage of Annual Mem	bership Renewal in your	Term:	
No. of EC Meetings presided	d by you during you Terr	m:	
No. of Cultural/ Sports Mee	et held in your Term:		
No. of CDE Programs held in	n your Term:		
No. of CDH Programs held in	n your Term:		
No. of Journal and Branch B	Rulletin nuhlished during	vour Term	



Local Branch Office bearers - 2019-2020

President:	Secretary:	Is There any State Office Bearers in
President Elect:	Joint Secretary:	Your Branch?
Immd. Past President:	Asst. Secretary:	Name:
Vice President 1:	Treasurer:	
Vice President 2: Branch?	CDE Convenor:	Is There any Head Office Bearers in Your
Editor:	CDH Convenor:	(If yes) Post and Name of the Office Bearer:
Rep. to State:	EC Member:	



LOCAL BRANCH

EXECUTIVE COMMITTEE MEETINGS AND ANNUAL GENERAL BODY MEETINGS

[PHOTOS SHOULD BE ATTACHED]

S. No	AGM/EOGM/EC	Date & Time	Venue	Total Members	Attended





CONTINUING DENTAL EDUCATION PROGRAMMES AND LOCAL BRANCH CONFERENCE [PHOTOS SHOULD BE ATTACHED]

S. No	Date & Time	Venue	Specialty	Speaker Name & Topic	Total Members	Attended

^{*} If you want more copy, you can Xerox this



LOCAL BRANCH

CDH ACTIVITIES

[COPY OF COMMUNICATIONS AND PHOTOS SHOULD BE ATTACHED]

S. No	Date & Time	Venue	Total Members	Attended	Number of Beneficiaries

^{*} If you want more copy, you can Xerox this





MEMBERSHIP STRENGTH AS ON JULY 31 2019

[WILL BE CORRELATED WITH HEAD OFFICE AND STATE OFFICE RECORDS]

NUMBER OF EXISTING LIFE MEMBERS	
NUMBER OF NEW LIFE MEMBERS	
NUMBER OF EXISTING ANNUAL MEMBERS	
NUMBER OF ANNUAL MEMBERS RENEWED	
NUMBER OF NEW ANNUAL MEMBERS	
NUMBER OF STUDENTS MEBERS	



JOURNAL

NUMBER OF ISSUES PUBLISHED	
ANY SEPARATE FUNDS COLLECTED FROM MEMBERS FOR JOURNAL?	YES / NO
HAVE YOU GET SPONSORSHIP FROM COLGATE FOR THE BACK OUTER COVER?	YES / NO
NUMBER OF COPIES CIRCULATED	



LOCAL BRANCH

HAVE PRESIDENT/ SECRETARY ATTENDED ANY HEAD OFFICE/STATE OFFICE/LOCAL BRANCH-EC/AGM/CC/ANNUAL CONFERENCE/ANY OTHER MEETINGS & CONFERENCE

S. No	Date & Time	Venue	Nature of Meeting

^{*} If you want more copy, you can Xerox this



Communication and Public Relation

1. Have you conducted any Press Meet?	
2. Communication to Media People (TV, News Paper.,)	
3. Communication to the Head Office	
4. Communication to the State Office	
5. Communication to the Other Local Branches	
6. Communication to Your Branch Members	
7. Wall Paper, Poster, Hand-Bit Notice for Public Awareness	
8. Have you conducted joined meeting with other Local Branch?	
9. Have you conducted any Family Meet?	

^{*} Related Document should be attached.