

# INDIAN SOCIETY OF PEDIATRIC & PREVENTIVE DENTISTRY

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## SECRETARY GENERAL

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## PROFESSOR AND CHAIR,

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Ref. No. ISPPD/2026/62

Date: 17.06.2026

## Fellow of ISPPD – Updated Nomination form (2026 Edition)

Please complete all sections of this form. Attach supporting documents where specified.  
All fields are mandatory unless otherwise stated.

### 1. Candidate Details

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ISPPD Membership Number: \_\_\_\_\_

Years of Continuous ISPPD Membership (Minimum: 20 years):

\_\_\_\_\_

Contact Information (Phone & Email): \_\_\_\_\_

Institution/Organization: \_\_\_\_\_

### 2. Academic Contributions

(Attach publication list with links/DOIs and clearly mark first-author articles)

Number of PubMed/Scopus/Web of Science Publications (Minimum: 10):

\_\_\_\_\_

Number of First Author Publications (Minimum: 3):

\_\_\_\_\_

### 3. Clinical Practice (Pediatric Focus)

(Attach supporting documents/certificates/photographs if applicable)

Details of Pediatric Clinical Excellence or Innovations:

\_\_\_\_\_

Number of Clinical Workshops Conducted: \_\_\_\_\_

Recognized Practice-Based Services (if any): \_\_\_\_\_

#### 4. Community Work for Children

(Attach evidence of participation/recognition)

Long-term Community/Govt/NGO Collaborations:

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Number of Outreach Camps/School Programs Conducted:

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#### 5. Additional Qualifications

(Attach degree/diploma/fellowship certificates)

Relevant Additional Degrees (PhD/MPH/etc.): \_\_\_\_\_

Other Fellowships/Courses ≥1 Year Duration: \_\_\_\_\_

#### 6. Membership in Other Professional Bodies

(List only national/international professional associations; Attach certificates)

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#### 7. Leadership & Administrative Roles in ISPPD

(Attach documentation/minutes if applicable)

EC Member – Terms Served: \_\_\_\_\_

National ISPPD Event/Workshop Organized (Chair/Sec/Scientific Chair):

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Roles in ISPPD Taskforce/Chair Positions: \_\_\_\_\_

#### 8. ISPPD Conferences Attended

Number of National ISPPD Conferences Attended (Minimum: 10):

(Attach certificates)

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## 9. Nominator Details

(Nominator must be a Past ISPPD Fellow or ISPPD Member with  $\geq 20$  years of continuous membership)

Name of Nominator: \_\_\_\_\_

ISPPD Membership Number: \_\_\_\_\_

Years of Membership: \_\_\_\_\_

Position/Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attachments Checklist (Please tick  $\checkmark$ )

- Publication List with DOIs
- First Author Marked Articles
- Conference Attendance Proof
- Community Service Certificates
- Workshop/Clinical Contributions
- Qualification/Fellowship Certificates
- Membership Proofs (Other Bodies)
- Letter of Recommendation from Nominator

Nominations with all self attested enclosures must be mailed at [awardsisppd@isppd.org.in](mailto:awardsisppd@isppd.org.in) by **15th July 2026**. Entries received after the due date and other than the mentioned email shall not be considered for awards. Please send nominations only as soft copy. Hard copies/by post nomination will not be accepted.



**Dr. Varinder Goyal**  
Secretary General

**Copy to:** The President, ISPPD



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