

AOI LM No:

The Association of Otolaryngologists of India

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APPLICATION FORM FOR AOI LIFE MEMBERSHIP (2020)

PLEASE NOTE: THIS IS NEWEST VERSION OF AOI LIFE MEMBERSHIP FORM, INVALIDATES ALL PREVIOUS FORMS

(For office use only)

Membership No.....

Elected as Life Member by the General Body from

Subscription Receipt No.....

-Hon. Secretary

[PLEASE TYPE/WRITE IN BLOCK CAPITAL only]

1. NAME IN FULL : DR.....

2. DATE OF BIRTH:

3. ADDRESS:

CITY: STATE:

4. *PIN CODE:

*MOBILE NO:

EMAIL:

*TELEPHONE NO. (STD CODE): RES: OFF.....

5. **QUALIFICATION** (Copies of certificates to be attached)

| <u>DEGREE/DIPLOMA</u> | <u>UNIVERSITY</u> | <u>YEAR OF PASSING</u> |
|-----------------------|-------------------|------------------------|
| MBBS | | |
| MS | | |
| DLO | | |
| OTHERS | | |

6. * MEDICAL COUNCIL REGISTRATION NO., DATE & STATE:

7. **PRACTICE:** 1.LIMITED TO OTOLARYNGOLOGY: YES / NO
2. OTHER BRANCH OF MEDICINE: YES / NO

8. **PRESENT HOSPITAL OR COLLEGE ATTACHMENT:**.....

9. **MEMBERSHIP OF OTHER PROFESSIONAL SOCIETIES:**

10. **MEMBERSHIP OF REGIONAL/ STATE/ CITY AOI BRANCH:**

I declare that the above information is true to best of my knowledge.

Dated:

Sign:

PROPOSED BY:

AOI LIFE MEMBER

MEMBERSHIP No

SIGNATURE

- 1.
- 2.

**LIFE MEMBERSHIP FEES WITH EFFECT FROM
13th JANUARY 2020.**

| Type of Membership | Total |
|--------------------------|--------------|
| Life Membership(Indian) | Rs.7000 |
| Life Membership(Foreign) | US \$ 400.00 |

****D.D/CHEQUE/NEFT Transaction No:** **Ref No.:**

Dated: **Name of Bank & Branch:**

***PLEASE SEND DEMAND DRAFT/AT PAR CHEQUES ONLY IN FAVOUR OF:**

**"THE ASSOCIATION OF OTOLARYNGOLOGIST OF INDIA", SBI BANK ACCOUNT NO. 36959526855,
SBI NRI SEAWOODS BRANCH, NAVI MUMBAI – 400706. IFS CODE: SBIN0016215.**

OR, YOU CAN PAY LIFE MEMBERSHIP FEES TO ANY SBI BANK BRANCH TO THIS ACCOUNT NO.

PLEASE DO NOT SEND PERSONAL CHEQUES.

PLEASE POST THE DULY FILLED FORM TO THE Hon. SECRETARY ADDRESS:

**Excel ENT Hospital, 501, Vishal, Junction of Hingwala & 60 Feet Road, Above Noble
Medicals, Ghatkopar (East), Mumbai – 400 077. Mobile: 9820800536.**

The First copy of Indian Journal of Otolaryngology and Head & Neck Surgery will be dispatched after 6 months from the date of receipt of the subscription, by our Editors office in Bhopal.

Please inform any change in your mailing address to the Hon. Secretary & Editor of IJOHNS.

ELIGIBILITY

LIFE MEMBERSHIP IS SUBJECT TO RATIFICATION BY THE AOI ANNUAL GENERAL BOBY MEETING OF THE NEXT YEAR

***MANDATORY FIELDS.**

****Note: In case of DD/Cheque sent on incorrect name or details, the postal cost to send back the incorrect DD/Cheque and the bank charges applicable will be borne by the applicant.***