



# THE ASSOCIATION OF OTOLARYNGOLOGISTS OF INDIA

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### APPLICATION FORM FOR AOI LIFE MEMBERSHIP ( 2016)

(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]

1. NAME IN FULL(MR./MISS/MRS.): ..... (AS IN ROSTER/MAILING LIST)

2. DATE OF BIRTH: .....

3. ADDRESS: .....

CITY.....STATE.....

4. \* PIN CODE

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

\*Mobile No. .... \*Email .....

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

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

6. \*MEDICAL COUNCIL REGSTRATIOIN NO., DATE & STATE .....

7. PRACTICE  LIMITED TO OTOLARYNGOLOGY  
 WITH OTHER BRANCH OF MEDICINE

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

9. MEMBERSHIP OF OTHER PROFESSIONAL SOCIETIES  
 I.  
 II.

10. MEMBERSHIP OF REGIONAL AOI BRANCH: .....

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

Dated: .....

Sign: .....

**PROPOSED BY**

|                            |                       |                  |
|----------------------------|-----------------------|------------------|
| <b>*NAME OF THE MEMBER</b> | <b>MEMBERSHIP NO.</b> | <b>SIGNATURE</b> |
| 1.                         |                       |                  |
| 2.                         |                       |                  |

**RATES OF SUBSCRIPTION WITH EFFECT FROM 1<sup>st</sup> APRIL 2016 ( after 1994)**

| Type of Membership        | Subscription | Admission fee | Total        |
|---------------------------|--------------|---------------|--------------|
| Life Membership (Indian)  | 6500         | 50            | 6550         |
| Life Membership (Foreign) |              |               | US \$ 400.00 |

\*D.D/CHEQUE NO.. No. ....Name of Bank &Branch.....

Dated .....

**One Passport size photograph should be attached with this form.**

PLEASE SEND AT PAR CHEQUES ONLY IN FAVOUR OF: "THE ASSOCIATION OF OTOLARYNGOLOGISTS OF INDIA", AXIS BANK ACCOUNT NO.913010016336175 IFS CODE UTIB0000139 MAIN BRANCH RAIPUR CG OR YOU CAN PAY LIFE MEMBERSHIP FEES TO ANY AXIS BANK BRANCH TO THIS ACCOUNT NO. PLEASE DO NOT SEND PERSONAL CHEQUES. PL POST THE DULY FILLED FORM TO THE HON SECRETARY ADDRESS.

The first copy of Indian Journal of Otolaryngology and Head & Neck Surgery will be dispatched after 4 to 5 months from the date of receipt of the subscription, by our Bhopal journal office. Please inform any change in your Mailing address to the Hony. Sec & Editor of IJO & HNS

**ELIGIBILITY**

LIFE MEMBERSHIP: Limited to Otolaryngology or with other specialty.

\* MANDATORY FIELDS.

**PLEASE NOTE THIS IS NEWEST VESION OF AOI LM FORM , INVALIDATES ALL PREVIOUS FORMS.**