



AOICON 2017

Science City, Kolkata, West Bengal, India.

69th Annual Conference of

The Association of Otolaryngologists of India

2nd to 5th February 2017



QUIZ PARTICIPATION FORM

To,
 Dr Dwaipayan Mukherjee
 Organising Secretary,
 AOICON 2017 KOLKATA
 91B, C R Avenue, Kolkata 700073, West Bengal.
 Phone: 03322258548, 03322219738
 Mobile: 9830186717
 Email: scientific@aoicon2017.com
 Website: www.aoicon2017.com

(Affix passport photo)

(Affix passport photo)

Dear Sir,

We wish to participate in the QUIZ CONTEST as a Team.

Names: 1. _____

AOI LM No: _____ AOICON 2017 Registration No: _____ MCI Registration No: _____

Email: _____ Mobile: _____

2. _____

Email: _____ Mobile: _____

AOI LM No: _____ AOICON 2017 Registration No: _____ MCI Registration No: _____

Medical College/ Hospital: _____

Address: _____

City: _____ State: _____ PIN: _____

We want to participate in (Please tick in the box)

Rhinology Quiz

Dr Prem Kakkar ENT Quiz

We declare that we are Post Graduate Students (MS/ DNB/ DLO). We also agree to abide by the rules framed by the AOI Governing Body.

Date: _____ Signatures 1. _____

2. _____

Please Note:

1. AOI Membership is mandatory
2. Registration for AOICON 2017 is compulsory
3. All Post Graduate Students should enclose a Bonafide Certificate from their HOD.
4. Elimination round will be held on 3rd February 2017 (Friday) and Final round of the competition will be held in the Main Hall in front of the audience on 4th February 2017 (Saturday)

Please send the duly filled form to the Conference Head Office on or before 30th November 2016.