

# Association of Otolaryngologists of India

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## APPLICATION FORM FOR AOI LIFE MEMBERSHIP (2023-24)

|     | PLEASE NOTE: THIS IS NEWEST VESION OF AOI LIFE MEMBERSHIP FORM INVALIDATES ALL PREVIOUS FORMS |                                   |                |                              |  |  |  |
|-----|---|-----------------------------------|----------------|------------------------------|--|--|--|
| (Fo | or office use only)   |                                   |                |                              |  |  |  |
|     |   |                                   | Membership I   | No                           |  |  |  |
| Ele | ected as Life Member by t   | he General Body from              | Subscription R | eceipt No<br>-Hon. Secretary |  |  |  |
| [Pl | LEASE TYPE/WRITE IN BLOC  | K CAPITAL only]                   |                | non. secretary               |  |  |  |
| 1.  | NAME IN FULL: DR  |                                   |                |                              |  |  |  |
| 2.  | DATE OF BIRTH:  |                                   |                |                              |  |  |  |
| 3.  | ADDRESS:  |                                   |                |                              |  |  |  |
|     |   |                                   |                |                              |  |  |  |
|     | СІТҮ:   | STATE:                            |                |                              |  |  |  |
|     | PIN CODE:   |                                   |                |                              |  |  |  |
| 4.  | MOBILE NO.:   |                                   |                |                              |  |  |  |
|     | E-MAIL:   |                                   |                |                              |  |  |  |
| 5.  | QUALIFICATION (Copies   | s of certificates to be attached) |                |                              |  |  |  |
|     | DEGREE/DIPLOMA  | UNIVERSI                          | Ŷ              | YEAR OF PASSING              |  |  |  |

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

AOI LM No:

| 6.        | MEDICAL COUNCIL REGISTRATION NO., DATE & STATE: |               |   |             |           |  |
|-----------|---|---------------|---|-------------|-----------|--|
| 7.        | PRACTICE:                                       |               | O OTOLARYNGOLOGY:<br>ANCH OF MEDICINE: YE |             |           |  |
| 8.        | PRESENT H                                       | OSPITAL OR C  | OLLEGE ATTACHMENT:                        |             |           |  |
| 9.        | MEMBERS   | HIP OF OTHER  | PROFESSIONAL SOCIET                       | IES:        |           |  |
| 10.       | MEMBERSI  | HIP OF REGIO  | NAL/ STATE/ CITY AOI B                    | RANCH:      |           |  |
| I DE      | CLARE THAT                                      | THE ABOVE INF | ORMATION IS TRUE TO BE                    | ST OF MY KI | NOWLEDGE. |  |
| Dat       | ed:   |               |   |             | Sign:     |  |
| PRC<br>1. | DPOSED BY:<br>AOI LIFE                          | E MEMBER      | MEMBERSHIF                                | NO.         | SIGNATURE |  |
| 2.        |   |               |   |             |           |  |
|           | CURRENT LIFE MEMBERSHIP FEES WITH EFFECT FROM   |               |   |             |           |  |

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

#### CHEQUE/NEFT Transaction No: ...... Ref No.: .....

Dated: ..... Name of Bank & Branch: .....

### PLEASE SEND AT PAR CHEQUES ONLY IN FAVOUR OF:

#### "THE ASSOCIATION OF OTOLARYNGOLOGIST OF INDIA", HDFC BANK ACCOUNT NO.

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OR, YOU CAN PAY LIFE MEMBERSHIP FEES TO ANY HDFC BANK BRANCH TO THIS ACCOUNT NO. PLEASE SCAN AND SEND THE DULY FILLED FORM TO DR. KAUSHAL SHETH 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.

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

#### LIFE MEMBERSHIP IS SUBJECT TO RATIFICATION BY THE AOI ANNUAL GENERAL BODY MEETING OF THE NEXT YEAR.

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