

AOI LM No:

The Association of Otolaryngologists of India

PRESIDENT

DR. DWAIPAYAN MUKHERJEE

Flat 18 A, Ideal Unique Residency, 162 Aurobindo Sarani Kolkata – 700 006

Mobile: 9830186717

Email: drdwaipayan.m@gmail.com

HON. SECRETARY DR. SAMIR CHOUDHARY

2nd floor Midas Heights,

Ramdaspeth

Nagpur – 440 010 Mobile: 9822569492

Email: aoisecretary3@gmail.com

HON. TREASURER DR. SAMIR THAKARE

Plot 44, Aradhana Nagar,

Dighori,

Nagpur – 440 024 Mobile: 8411922755

Email: samir.thakare@yahoo.in

APPLICATION FORM FOR AOI LIFE MEMBERSHIP (2025-26)

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

_						
[PLE	ASE TYPE/WRITE IN BLO	CK CAPITAL ONLY]				
1. N	AME IN FULL: (DR.)					
	ADDRESS:					
	•••••					
	CITY:					
PIN CODE: DOB:						
MOBILE NO.:						
E-MAIL:						
2. QUALIFICATION (Copies of cer ficates to be a ached)						
2. Q	DEGREE/DIPLOMA_	UNIVERSITY	YEAR OF PASSING			
	MBBS					
	MS					
	DLO					
	OTHERS					
3. M	EDICAL COUNCIL REGIS	STRATION NO., DATE & STATE:				
4. PRACTICE: 1. LIMITED TO OTOLARYNGOLOGY: YES / NO 2. OTHER BRANCH OF MEDICINE: YES / NO						
5. PI	RESENT HOSPITAL OR	COLLEGE ATTACHMENT:				
6. M	IEMBERSHIP OF OTHEI	R PROFESSIONAL SOCIETIES:				
7. M	IEMBERSHIP OF REGIO	NAL/ STATE/ CITY AOI BRANCH:				

I DECLARE THAT THE ABOVE II	NFORMATION IS TRUE TO BEST OF N	MY KNOWLEDGE.				
Dated:			Sign:			
PROPOSED BY: AOI LIFE MEMBER	MEMBERSHIP NO.	SIGNA	TURE			
1.						
2.						
2.	Type of Membership	 Total]			
	Life Membership (Indian)	Rs.10000				
	Life Membership (Foreign)	US \$ 500.00				
CHEQUE/NEFT/IMPS/UP	I/CASH Transaction No:	Dated:				
Reference No:		Name of Bank & Branch:				
	PAYMENT PROOF ALONG WITH G CHEQUES, PLEASE SEND AT PA					
	•		JNT NO. 2591101009921, GANDH			
NAGAR BRANCH, NAGPUR	– 400010. IFS CODE: CNRB00002	265.				
Please inform any change in * Note: In case of Che	TO RATIFICATION BY THE AOI ANN your mailing address to the Horeque sent on incorrect received and the bank ch	i. Secretary & Editor iame or details	of IJOHNS. , the postal cost to send			
Instructions and Steps:						
This filled up form should be scanned and e-mailed to Dr. Samir Choudhary (Hon. Secretary)						

- This filled up form should be scanned and e-mailed to Dr. Samir Choudhary (Hon. Secretary
 with all documents (LM Form, payment screenshot and PG ID Card if you are a resident)
 merged into a single ".pdf" file.
- Please e-mail this to aoisecretary3@gmail.com (PLEASE DO NOT SEND ON WHATSAPP)
- AOI office staff will e-mail the details of your AOI LM, LM Certificate, Payment receipt to the email address mentioned in the form within 7 working days after verification of your payment.

Thank You, Dr. Samir Choudhary AOI Secretary