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(UP-AOI)**

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APPLICATION FORM FOR UP-AOI LIFE MEMBERSHIP

(FOR OFFICE USE ONLY)

MEMBERSHIP NO.:

ELECTED AS

LIFE MEMBER

SUBSCRIPTION RECEIPT NO.:

CORRESPONDING MEMBER

HONORARY MEMBER

HON. SECRETARY

DATE:

[PLEASE TYPE/WRITE IN BLOCK CAPITAL]

1. NAME IN FULL:.....
2. DATE OF BIRTH:
3. ADDRESS:
- CITY:..... STATE: PIN CODE:
4. MOBILE NO.:TELEPHONE (with STD code).....
- WHATSAPP NO. (For adding to UPAOI members only group):
5. E MAIL :
6. QUALIFICATIONS:



AFFIX
YOUR
PHOTO
HERE

DEGREE/DIPLOMA	COLLEGE/UNIVERSITY	YEAR OF PASSING
MBBS		
MS		
DNB		
DLO		
OTHERS		

7. MCI/NMC REGISTRATION NO., DATE & STATE.....

8. PRACTICE LIMITED TO OTOLARYNGOLOGY
 WITH OTHER BRANCH OF MEDICINE

9. PRESENT HOSPITAL OR COLLEGE ATTACHMENT
.....
.....
.....

10. WHETHER MEMBER OF AOI(National) YES / NO. IF YES- MEMBERSHIP
NO.: OM/LM/CM/AM

11. LIFE MEMBERSHIP FEE (INCLUDING JOURNAL SUBSCRIPTION) **RS. 4000/- ONLY**

12. ACCOUNT DETAILS -

NAME OF THE ACCOUNT- **UTTAR PRADESH CHAPTER OF ASSOCIATION OF OTOLARYNGOLOGISTS**
ACC. NO. - **41049843417**
IFSC CODE- - **SBIN0018515**
BRANCH ADD. - **SBI (18515) ABHAYPUR, MOHAMMADPUR**
POST OFFICE – BHOJIPURA, NAINITAL ROAD BAREILLY-243202

13. MODE OF PAYMENT OF RS 4000/- (please tick) :
NEFT - UPI - DD - CHEQUE - CASH -

14. PAYMENT DETAILS.....

15. I hereby declare that the particulars given above are correct and I assure that if at any time any statement given above is found to be incorrect, my membership, if granted, will be liable to be cancelled and the fee paid by me will be forfeited. I hereby undertake that I shall abide by act the Rules and Regulations of the UPAOI.

DATE: SIGNATURE:

16. PLEASE SEND THE DULY FILLED FORM WITH FEE DETAILS BY POST TO

DR. ROHIT SHARMA
SECRETARY, UPAOI
PROFESSOR & HEAD
DEPT. OF ENT, HEAD AND NECK SURGERY
SRMS IMS, BAREILLY-243202

Or

SEND THE DULY FILLED SCANNED COPY WITH PAYMENT DETAILS BY EMAIL-
upaoi.office@gmail.com