



AOI LM No:

# The Association of Otolaryngologists of India

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## **APPLICATION FORM FOR AOI LIFE MEMBERSHIP (2025-26)**

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

[PLEASE TYPE/WRITE IN BLOCK CAPITAL ONLY]

1. **NAME IN FULL: (DR.)** .....

**ADDRESS:** .....

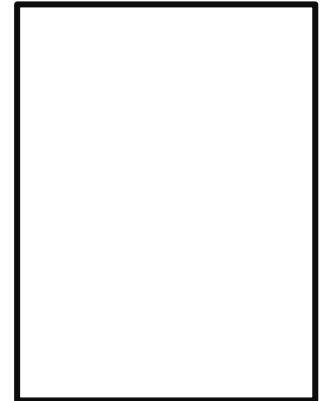
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**CITY:** ..... **STATE:** .....

**PIN CODE:** ..... **DOB:** .....

**MOBILE NO.:** .....

**E-MAIL:** .....



2. **QUALIFICATION** (Copies of certificates to be attached)

<u>DEGREE/DIPLOMA</u>	<u>UNIVERSITY</u>	<u>YEAR OF PASSING</u>
MBBS		
MS		
DLO		
OTHERS		

3. **MEDICAL COUNCIL REGISTRATION NO., DATE & STATE:** .....

4. **PRACTICE:** 1. LIMITED TO OTOLARYNGOLOGY: YES / NO  
 2. OTHER BRANCH OF MEDICINE: YES / NO

5. **PRESENT HOSPITAL OR COLLEGE ATTACHMENT:** .....

6. **MEMBERSHIP OF OTHER PROFESSIONAL SOCIETIES:** .....

7. **MEMBERSHIP OF REGIONAL/ STATE/ CITY AOI BRANCH:** .....

I DECLARE THAT THE ABOVE INFORMATION IS TRUE TO BEST OF MY KNOWLEDGE.

Dated: .....

Sign: .....

**PROPOSED BY:**

	<b>AOI LIFE MEMBER</b>	<b>MEMBERSHIP NO.</b>	<b>SIGNATURE</b>
1.			
2.			

Type of Membership	Total
Life Membership (Indian)	Rs.10000
Life Membership (Foreign)	US \$ 500.00

**CHEQUE/NEFT/IMPS/UPI/CASH Transaction No:**

**Dated:**

.....  
**Reference No:**

.....  
**Name of Bank & Branch:**

.....

.....

**\*PLEASE ATTACH COPY OF PAYMENT PROOF ALONG WITH YOUR AOI LM APPLICATION FORM. IF YOU ARE SENDING CHEQUES, PLEASE SEND AT PAR CHEQUES ONLY IN FAVOUR OF:**

"THE ASSOCIATION OF OTOLARYNGOLOGIST OF INDIA", HDFC BANK ACCOUNT NO. 59100000026855, GHATKOPAR(EAST) BRANCH, MUMBAI – 500077. IFS CODE: HDFC0000118.

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

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

**\*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 by the applicant.**

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**Instructions and Steps:**

- 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](mailto: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