



ASSOCIATION OF OTOLARYNGOLOGISTS OF INDIA
KERALA STATE BRANCH

MEMBERSHIP APPLICATION FORM 2025-2026

-----Regn. No.MPM/CA/457/2022-----

MEMBERSHIP NO:	LIFE MEMBER / ASSOCIATE MEMBER
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To,

Honorary Secretary,
AOI KERALA STATE BRANCH

Dear Sir,

I hereby apply for Life Membership of AOI Kerala State Branch

PHOTO:	NAME & COMMUNICATION ADDRESS: PINCODE:
FATHER / SPOUSE NAME	
DATE OF BIRTH:	
HOSPITAL/INSTITUTION	
EMAIL:	
MOBILE:	

In case you are already a Life Member of Kerala AOI, Please furnish the following details.
a) Life Membership No:
b) Receipt No & Date of Issue:
c) Other details if any:
* Even if you are a life member already please fill up and send the form below for updating the member details




Membership proposed by

Dr.....of.....
AOI Chapter

Qualification			
College			
University			
Year of Completion			

POST GRADUATE STUDENT: MS / DNB / DLO	INSTITUTION:
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MEDICAL COUNCIL REG NO:	
NAME OF MEDICAL COUNCIL	
DESIGNATION	

  	<p>Enclosed herewith the Life Membership Fee of Rs 1500/- paid in Cash UPIpayment/Online</p> <p style="text-align: center;">ASSOCIATION OF OTOLARYNGOLOGIST OF INDIA KERALA STATE BRANCH</p> <p>UNION BANK OF INDIA, VELLAYAMBALAM BRANCH, THIRUVANANTHAPURAM ACCOUNT NO: 338902050000144 IFSC CODE: UBIN0905470</p> <p>-----</p> <p>Send the Completed Forms / Scanned copies /Transaction ID with Local AOI Chapter Secretary / President Signature to</p> <p>aoikeralasecretary@gmail.com</p> <p>Hon. Secretary</p> <p>Dr. MOHAN KUMAR K ANAKHAM, KSRA-133 SREE KRISHNAMURARI ROAD, KAITHAMUKKU THIRUVANANTHAPURAM-24</p> <p style="text-align: right;">FOR ENQUIRY WhatsApp</p> <p style="text-align: right;">----- 9447078122 (Secretary) 8281944323 (Treasurer)</p>
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If any time my statement is found to be incorrect , membership granted will be liable to be cancelled and the fee paid by me to AOI will be forfeited

I hereby give undertaking that I will abide by the Rules and Regulations of AOI Kerala State Branch

Place:

Date:

Signature of Applicant