



ASSOCIATION OF OTOLARYNGOLOGISTS OF INDIA (AOI)

KARNATAKA STATE CHAPTER - MEMBERSHIP FORM

Full Name (Capitals):

Age/Date of Birth / Sex:

Male Female

**Professional Qualification:
(with year and Institution)**

Address for communication:

**Tel. No. Residence (with STD Code)
& Mobile number:**

E-mail ID:

**Present position (Institution)/
practice:**

Area of interest / expertise:

Type of membership: (Please Select)

Life member (Rs.2000/-) Open to all medical professionals holding a recognized post graduate degree in the specialty of Otolaryngology.

Associate Member cum life member (Rs.2000/-) Open for post graduate students in the specialty of Otolaryngology. These members will be life members upon completion of post-graduation.

Please make your payment by **DD/ Cheque** (additional of Rs.50/- for cheque) payable to "**AOI-KARNATAKA**" (payable at Bangalore).

Please send the payment and form to the secretary, AOI, at the following address:

Dr.Jyothiswarup R
‘RAJU’ ENT Clinic
IMA Building, Town Hall Circle,
Tumkur - 572101.
e-mail: drswarup@yahoo.com
phone: 9844190463