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APPLICATION FORM FOR UP-AOI LIFE MEMBERSHIP

(Valid from 1st January 2026 to 31st December 2026)

(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. 5000/- 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 5000/- (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. H.P SINGH

SECRETARY, UPAOI

PROFESSOR ,DEPT. OF ENT , HEAD AND NECK SURGERY

KING GEORGE MEDICAL COLLEGE, LUCKNOW -226003

Or

SEND THE DULY FILLED SCANNED COPY WITH PAYMENT DETAILS BY EMAIL-

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