



ASSOCIATION OF OTOLARYNGOLOGISTS OF INDIA
(Lucknow Branch)

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TREASURER

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APPLICATION FORM FOR LUCKNOW AOI –
LIFE MEMBERSHIP

(FOR OFFICE USE ONLY)

ELECTED AS LIFE MEMBER

MEMBERSHIP NO.:

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 Lucknow AOI 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- Association.....Membership No.:

11. LIFE MEMBERSHIP FEE RS. **2000/-** - ONLY (currently 50% discount)

12. ACCOUNT DETAILS -

NAME OF THE ACCOUNT - Association of Otolaryngologists of Lucknow
Bank & Branch. - Bank of India Alambagh Branch, Lucknow
Acc. No. - 683220110000360
IFSC Code - BKID0006832

13. MODE OF PAYMENT OF ~~RS 2000/-~~ (Currently 1000/-) (please tick) :

NEFT - ☐ DD - ☐ CHEQUE - ☐ CASH - ☐

14. PAYMENT DETAILS (Kindly attached snapshot of payment)

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 Lucknow AOI.

DATE:

SIGNATURE:

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

Dr. Sumit Sharma
Secretary,
AOI – Lucknow Branch
Professor & Head,
Dept. of ENT,
Mayo Institute Of Medical Sciences, Barabanki
MOB. – 9839178240
Email: entsumit@rediffmail.com