



THE ASSOCIATION OF OTOLARYNGOLOGISTS OF INDIA

ANDHRA PRADESH STATE BRANCH

(Reg. No.1415 of 1982), 2015- 2016

Vijayawada.

President

Dr. N.Someswara Rao

Plot No.24,D.No.55-43-41

Doctors Colony, Seetammadhara

Visakhapatnam-530013.

Cell:9949041121

drsombabu@yahoo.com

Hony. Secretary

Dr. K.V.S. Kumar Chowdary

Flat No:401, Sri Brundavanam

Netaji street, Patamata lanka

Vijayawada - 520010,A.P.

Cell:7893451789

chowdaryent@gmail.com

Treasurer

Dr.G. Nanda Kishore

Guntur ENT Clinic

Opp.people'sTrauma Hospital

Old Club Road, Kothapeta

Guntur. Cell:9848148082

drgnk72@yahoo.co.in

FORM OF APPLICATION FOR MEMBERSHIP

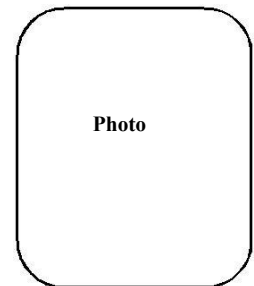
(FOR OFFICE USE ONLY)

Membership No. _____ Year _____

Subscription Receipt No. _____

Elected as ORDINARY/LIFE member by the General Body from _____

at its meeting held _____ Dated _____



Honorary Secretary _____

(PLEASE TYPE / WRITE IN BLOCK CAPITALS)

Application for ORDINARY / LIFE MEMBERSHIP (Please delete as necessary)

1. NAME IN FULL / Mr/Miss/Mrs. _____

(as it should appear in ROSTER / MAILING LIST)

2. Father's Name : _____

3. Date of Birth: _____

4. Address (in Block Letters)

Present Address

Permanent Address

_____ Pin Code. _____ Pin Code. _____

Ph : (STD) _____

Ph : (STD) _____ Mobile. _____

E-mail: _____

5. Qualifications (Copies of certificates to be attached)

Degree/Diploma

University

Year of Passing

MBBS

MS

DLO

OTHERS (DNB)

6. MEDICAL COUNCIL REGISTRATION No. DATE & STATE.

7. PRACTICE Limited to otolaryngology With other Branch of Medicine

8. PRESENT HOSPITAL or COLLEGE ATTACHMENT. _____

9. MEMBERSHIP OF OTHER PROFESSIONAL SOCIETIES.

(i). _____

(ii). _____

(iii). _____

10. MEMBERSHIP OF REGIONAL AOI BRANCH. _____

11. IF YOU WERE A MEMBER OF THE ASSOCIATION PREVIOUSLY YOUR MEMBERSHIP NUMBER WAS _____

I declare that the above information is true to the best of my knowledge.

Date: _____

Signature. _____

PROPOSED BY

NAME OF THE MEMBER

SIGNATURE

MEMBERSHIP NO.

a). _____

b). _____

(ONLY LIFE MEMBERS ARE ELIGIBLE TO NOMINATE)

RATE OF SUBSCRIPTION WITH EFFECT FROM - 2010

Type of Membership	Subscription	Admission Fee	Total
ORDINARY MEMBERSHIP	250	50	300
LIFE MEMBERSHIP	1100	50	1150
ASSOCIATE MEMBERSHIP	1100	50	1150

1. Please send **two pass port size photos** and your fee demand draft only in favour of: **The Association of Otolaryngologists of India, Andhra Pradesh State Branch (A.O.I. A.P. State Branch), Payable at Vijayawada** to the **Secretary** Please do not send money order or personal cheques.
2. Please Enclose Xerox copies of MS/DLO/DMB Certificates and MCI Registration Certificates.
3. Please inform any change in your address to the Honorary Secretary & Organizing Secretary of the Annual Conference AOI, A.P. State Branch.
4. Associate Members of Otolaryngology will automatically become life members after completion of the P.G.Course after submission of Degree Certificate with request letter.

ELIGIBILITY

Ordinary Membership : Registered Medical Graduate of Modern Medicine with practice with voting rights

Life Membership : Limited to Otolaryngology or with other specialty with voting rights

Associate Membership : Post Graduate Students of Otolaryngology and Allied Speciality no voting rights

Note : Complimentary Membership for AOI- Southzone for all those who become life members of AOI-AP.