



# INDIAN ACADEMY OF OTORHINOLARYNGOLOGY HEAD AND NECK SURGERY (IAOHNS)

## APPLICATION FORM FOR IAOHNS MEMBERSHIP

(For Office Use Only)

Membership No. \_\_\_\_\_ Year \_\_\_\_\_ Receipt No. \_\_\_\_\_

Elected as **LIFE / ASSOCIATE / ALLIED / OVERSEAS / HONORARY** member, in the General Body Meeting

held at \_\_\_\_\_ Dated \_\_\_\_\_ Secretary \_\_\_\_\_

(PLEASE TYPE / WRITE IN BLOCK CAPITALS, Please delete as necessary)

Application for **LIFE / ASSOCIATE / ALLIED / OVERSEAS** Membership

1. Name : \_\_\_\_\_

2. Father's Name : \_\_\_\_\_

3. Age / Date of Birth : \_\_\_\_\_

4. Medical Council Regn. No. \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

5. Designation : \_\_\_\_\_

6. Qualification : \_\_\_\_\_ Speciality (for allied) : \_\_\_\_\_

Please affix your  
photo here

### Residential Address

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Ph : (With STD code) \_\_\_\_\_

Mobile: \_\_\_\_\_

### Clinic Address / Institute Address

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Ph : (With STD code) \_\_\_\_\_

E-mail : \_\_\_\_\_

### Communication to be sent to Resi Address / Clinic Address

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

Date : \_\_\_\_\_ Signature \_\_\_\_\_

### Proposed by (only Life members are eligible to nominate)

Name of the member      Membership no.      Signature

a) \_\_\_\_\_

b) \_\_\_\_\_

### (Payment details)

Cash / Demand Draft / Cheque / Online

DD / Cheque / UTR No. \_\_\_\_\_

Dated \_\_\_\_\_

Name of the Bank \_\_\_\_\_

- ❖ Life Memb. fee : ₹ 3000/-, Associate Memb. fee : ₹ 500/-, Allied Memb. fee : ₹ 3000/-, Overseas Memb. fee : \$ 100/-
- ❖ Please send DD in favour of "IAOHNS", payable at Chennai & add ₹ 100/- for outstation cheque (no need for at par cheque)
- ❖ Please inform any change in address (mobile number or Email ID) to the Secretariat at the earliest
- ❖ Associate Members (Post graduates) of Otolaryngology will become life members after completion of their PG Course by submitting the photocopy of the Degree Certificate along with the membership fee

**The Application form duly filled along with DD / Cheque and Bonafide certificate for post graduates applying for Associate membership should be sent to the secretariat**

### Head Office: Madras ENT Research Foundation (P) Ltd

No.1, 1st Cross Street, Off II Main Road, Raja Annamalai Puram, Chennai - 600 028, Tamil Nadu, India.  
Ph : +91 44 2431 1411 - 1414 Fax : +91 44 2431 1416 URL : www.iaohns.in Email : iaohns@gmail.com