



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

Amount : _____

DD / Cheque / UTR No. _____

Dated _____

Name of the Bank _____

❖ Life Memb. fee : ₹ 3000/-, Associate Memb. fee : ₹ 3000/-, 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

Incomplete Application form will not be accepted.

Complete form should be sent to the secretariat by post or email. Once it is approved, membership payment has to be made.

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.com Email : iaohns@gmail.com