



# THE ASSOCIATION OF OTOLARYNGOLOGISTS OF INDIA HARYANA STATE

President <b>DR. RUPENDER K. RANGA</b>	Gen. Secretary <b>DR. BHUSHAN PATIL</b>	Hon. Treasurer <b>DR. SUNIL MUNJAL</b>
---	--	---

## APPLICATION FORM FOR MEMBERSHIP

(For Office Use only)

Membership No..... Subscription Receipt No.....

Elected as Life Member of AOI- Haryana by the General Body at its meeting held

Dated ..... Hon. Secretary .....

**(PLEASE TYPE/WRITE IN BLOCK CAPITAL)**

## APPLICATION FOR LIFE MEMBERSHIP

- Name in Full:  
Dr.....
- Date of Birth: .....
- Address .....
- Mobile No. ....
- Email.....
- Whats App- No.....
- Qualification (Copies of Certificate to be attached)

Paste Recent  
Passport Size  
Photograph

Degree/Diploma	Medical College & University	Year of Passing
MBBS		
MS		
DLO		
Others		

8. Medical Council Registration No. Date & State  
.....

9. Practice Limited to Otolaryngology, Head & Neck Surgery.

10. Present Hospital or College Attachment:  
.....

.....  
Membership of Other Professional Societies.

1.....

2.....

11. If you were a Member, Your previous Membership No :

.....

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

Dated:

Signature

Sr. No	Proposed By Name of Member	Membership No.	Signature
1.			
2.			

**RATE OF SUBSCRIPTION**

Rs.5000/- (Five Thousands Only)

**PLEASE SEND YOUR FEE**

**DEMAND DRAFT RS.5000/- (FIVE THOUSANDS) ONLY IN FAVOUR OF: THE ASSOCIATION OF OTOLARYNGOLOGIST OF INDIA HARYANA STATE BRANCH, payable at Rohtak and cheques (out station) Rs.5070/- in Favour of 'THE ASSOCIATION OF OTOLARYNGOLOGIST OF INDIA HARYANA STATE BRANCH'.**

**POST IT TO:-**

**DR.RUPENDER K RANGA**

Bharat ENT & Endoscopy Hospital, Rohtak Gate, Near Halwasiya Shool,

Bhiwani (Haryana)-127021

Mob. No. : 9416059402

Email: bharatentbwn@gmail.com

Or

**Haryana Branch**

**Dr.Bhushan Patil**

Meher ENT Clinic, Sector- 50- Gurugram,

Residence- C-1/303, The Legend, Sector-57, Sushant Lok3- Gurugram

Mob: 9810852859

Email: drbhushanpatil@gmail.com