



ASSOCIATION OF ENT SURGEONS, UTTARAKHAND

President

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Hon. Secretary

Dr. S.S. Bist

Professor & Head

Department of ENT

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APPLICATION FORM FOR LIFE MEMBERSHIP

(For office use only)

Membership No: -

Elected as Life Member by the General Body from: - Receipt No: -

Hon. Secretary

[Please type/write in Block capital]

1. Name in Full (Mr./Miss/Mrs.): -

2. Father/ Husband's Name: -

3. Date of Birth: -

4. Address: -

City.....State.....Pin Code.....

5.

*Telephone No (STD Code).....Res.....OFF.....

*Mobile No:-Email.....

6. *Qualification (Copies of certificates to be attached)

Degree/Diploma	University	Year of Passing
MBBS		
MS		
DLO		
OTHER		

Photo

7. * Medical Council Registration No.....Date & State.....
8. Uttarakhand Medical Council Registration No.....(Must for life members)
9. Practice Limited to Otolaryngology
With other Branch of Medicine.
10. *Present Hospital or College Attachment:
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.....
11. Membership of other professional Societies.
I
II
12. AOI Membership YES/NO Membership No: -

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

Dated:

Sign: -

Note:-

- a) Association reserves all the rights to accept or reject the application.
- b) No reasons will be given if any application is rejected by the Association.
- c) No application will be accepted unless complete in all details.
- d) Please send the **multi-city cheque, demand draft and can do online payment NEFT/ RTGS in Favor of “Association of ENT Surgeons” “Account No-1087000100197400”, IFSC Code:- PUNB0108700, MICR Code:- 248024017, payable at Punjab National Bank, Tilak Road (1087), Dehradun** along with filled up application form To, Dr. Alok Jain, C/o. Dr. Shveta Jain, Jain Dental & Implant Centre Chetan Complex, Opp. Hotel MJ Residency, Haridwar Road, Dehradun (Uttarakhand)-248001 or To, Dr. S.S. Bist, Professor & Head, Department of ENT, Himalayan Institute of Medical Sciences, Swami Rama Himalayan University, Swami Ram Nagar, Jollygrant, Dehradun (Uttarakhand)-248016.
- e) **Membership Fee-**
 - (i) Life Members: Rs 5000/- {Only for Doctors with Postgraduation in ENT & Practicing residing in Uttarakhand, (For a period of five years)}
 - (ii) Annual Member: Rs. 1000/(per year)
(For Residents doing Postgraduate in ENT only)
 - (iii) Associate member: Rs. 5000/- (For Doctors not residing in Uttarakhand)
- f) Xerox copy of the above form is acceptable.
- g) One Passport size photograph should be attached with this form.

PLEASE NOTE THIS IS NEWEST VERSION OF LM FORM, INVALIDATES ALL PREVIOUS FORMS.