



North Eastern Branch of the Association of Otolaryngologists of India (NEBAOI)
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MEMBER REGISTRATION FORM

MEMBERSHIP FOR

LIFE MEMBER

ASSOCIATE MEMBER

NAME OF APPLICANT _____

AGE _____ GENDER _____

CONTACT NUMBER _____

EMAIL ADDRESS _____

QUALIFICATION _____

YEAR OF PASSING MS/DLO _____

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Date _____

Signature _____

Place _____

Kindly send a Demand Draft (Rs. 4000 for Life Member / Rs.1500 for Associate Member) in favour of 'NEBAOI' payable at UNITED BANK OF INDIA, Guwahati.

Please send this form along with Demand Draft to

Dr. Anindita Das,
Hon'ble Treasurer (NEBAOI)
Gauhati Medical College, Bhangagarh, Guwahati 781032, Assam