



Life Membership Form

Association of Obstetric Anaesthesiologists, India

Form for Membership of Association of Obstetric Anaesthesiologists (AOA)

For Office Use Only

AOA Registration No. _____

Receipt No. _____

Received : Cash / D.D. / Cheque _____

Remarks _____

Surname _____ First name _____ Middle name _____

Qualification _____

Designation _____

Date of Birth _____

Place of work address : Institution _____ Hospital _____

Year of passing : MBBS _____ Diploma _____ MD _____ / DNB _____ Fellowship / Other _____

Medical Council Registration No. & Date : MBBS _____ PG (MD/ DA) _____

Residential Address : _____

City : _____ State : _____ Pin Code : _____

Email ID : _____ ISA Membership No. _____

Tel. No. : (Res.) _____ (Off.) _____ (Mobile) _____

**Life membership : Rs. 5,000/- DD in favour of "Association of Obstetric Anaesthesiologists" payable at Udaipur.
(Send it to the address below with two passport size photos, attested copy of degree & medical council registration)**

Office:

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(Signature) _____