



ACADEMY OF
ORAL IMPLANTOLOGY

Academy of Oral Implantology

AOI FELLOWSHIP APPLICATION FORM

PERSONAL DETAILS (As on Fellowship Certificate)

Please Type/Fill in Block Letters

Name Prof. / Dr. / Mr. / Mrs. _____

Address: Office _____

Name of Institution/Hospital _____

City/State _____

Mobile _____ E-Mail _____

AOI Membership No _____

AOI Fellowship Rs. 25,000 plus 18% GST

PAYMENT DECLARATION

MODE OF PAYMENT- DD/CHEQUE/CASH

I am hereby enclosing a demand draft/cheque no. _____ Date _____

drawn on _____ Bank for Rs _____ (rupees) _____

In Favour of Academy of Oral Implantology, payable at New Delhi, India.

Date:

Place:

Please mail this form duly filled to:

DR. AJAY SHARMA

Hon. General Secretary

Academy Of Oral Impaltology

Focus Dental: A24, OP Bharti Marg, Naraina Vihar, New Delhi - 110028, India

Mobile: +91 98100 61862/63

E-mail: drajay@drsmilechanger.com

www.aoi-india.in