



ACADEMY OF
ORAL IMPLANTOLOGY

Academy of Oral Implantology

DIPLOMATE REGISTRATION FORM

PERSONAL DETAILS (As on Diplomate Certificate)

Please Type/Fill in Block Letters

Name Prof./Dr./Mr./Ms. _____

Address: _____

Please affix
Stamp size
(2.5 x 3.5)
photograph

Name of the Institution/Hospital: _____

City/State: _____

Mobile: _____ Email: _____

AOI Membership No: _____

AOI Diplomate **50,000/- (+18% GST)**

PAYMENT MODE

DD/Cheque/Cash/NEFT in favour of
Academy of Oral Implantology

BANK DETAILS

Canara Bank, Maulana Azad Medical College,
New Delhi-110002, India

Bank Account No.: 90682210006030

Swift Code: CNRBINBB126

IFSC: CNRB0019068

PAN: AADTA436B

PAYMENT DECLARATION

MODE OF PAYMENT - DD/CHEQUE/CASH/NEFT

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 Implantology

Focus Dental: A24, OP Bharti Marg,

Naraina Vihar, New Delhi - 110028, India

Mobile: +91 98100 61862/63

E-mail: drajay@drsmilechanger.com

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Academy of Oral Implantology
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