



ACADEMY OF  
ORAL IMPLANTOLOGY

# Academy of Oral Implantology

## MEMBERSHIP FORM

Membership No. \_\_\_\_\_

(To be filled in by the office)

Name (Dr./ Mr./Ms.) \_\_\_\_\_

Date of Birth: DD \_\_\_/MM\_\_\_/YY \_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Address: Office \_\_\_\_\_

Please affix  
Stamp size  
(2.5 x 3.5)  
photograph

Residence \_\_\_\_\_

Preferred address for correspondence Off.  Res.

Telephone: Off: \_\_\_\_\_ Res: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### QUALIFICATIONS

**BDS** Year \_\_\_\_\_ College/University \_\_\_\_\_

**MDS** Year \_\_\_\_\_ College/University \_\_\_\_\_

Implant Courses attended \_\_\_\_\_

Dental Council Registration No. \_\_\_\_\_ State \_\_\_\_\_

### ANY OTHER INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **REGISTRATION FEES**

### **LIFE MEMBER**

Rs. 7500/- plus 18% GST

(Membership fee is subject to change)

### **METHOD OF PAYMENT**

Cash/Cheques (for Delhi only) or drafts payable at New Delhi, India in favour of "Academy of Oral Implantology".

Draft/Cheque No \_\_\_\_\_ Dated \_\_\_\_\_ Bank \_\_\_\_\_ City \_\_\_\_\_

I promise to abide by the rules and regulations of AOI.

Sincerely Yours

Signature

### **MAILING ADDRESS**

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#### **DR. AJAY SHARMA**

Conference Secretary

Academy of Oral Implantology

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