



ACADEMY OF
ORAL IMPLANTOLOGY



International Congress of Academy of Oral Implantology

12th - 14th Sept. 2025

Le Meridian, New Delhi, India

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: _____

Residence: _____

(Preferred address for correspondence Off Res)

Name of Institution/Hospital _____

Telephone: Off. Res.

Mobile Fax: E-mail: _____

QUALIFICATIONS (Enclose Proof)

BDS Year Collage/University _____

MDS Year Collage/University _____

Implant Courses attended _____

Dental Council Registration No. _____ State _____

Any Other Information: _____

STUDENT/PG REGISTRATION MANDATORY DECLARATION

I certify that _____ is a full time dental student
Institute _____

Principal/Dean
(Official Stamp)

REGISTRATION FEES

Life Member Rs. 7,500/- (+18% GST)

Int. Member US\$ 450 (+18% GST)

(Membership fees subject to change)

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: 90682210006030

Swift Code: CNRBINBB126

IFSC Code: CNRB0019068

PAN: AADTA4436B

METHOD OF PAYMENT

DD/CHEQUE/CASH/NEFT (for Delhi only) or drafts payable at
New Delhi in favour of "Academy of Oral Implantology"

Draft/Cheque No. _____ Date _____

Bank _____

City _____

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

Sincerely Yours

Signature

Academy of Oral
Implantology
Scan QR Code



Dr. Ajay Sharma

Conference Secretary

14th International Congress of Academy of Oral Implantology

Focus Dental: A 24 O P Bharti Marg, Naraina Vihar, New Delhi 110028

Mobile : +91-9810061862/63

Email: drajay@drsmilechanger.com | Web: www.aoi-india.in

MEMBERSHIP FORM

Please affix
Stamp size
(2.5 x 3.5)
Photograph.