



## ASSOCIATION OF ORAL AND MAXILLO-FACIAL SURGEONS OF INDIA

### APPLICATION FOR LIFE MEMBERSHIP DELHI-NCR STATE CHAPTER

Stick your  
passport size  
photo here

**Life Membership Fee: Rs. 3000.00**

Date:

- Fields are mandatory; all the data must be entered in capital letters.

Life/Annual/Associate Membership No.of AOMSI\_\_\_\_\_

Name*				
Gender : Male/Female	Date of Birth:			
Correspondence Address*				
Pincode				
State				
Correspondence Mobile No.*				
Correspondence Fax No.				
Correspondence E-mail ID*				
Address of Practice/Hospital/ Institute to which primarily attached				
Official Contact No.				
Year of passing MDS or equivalent degree/diploma				
Family Details: Married/Unmarried	Spouse Name			
	Marriage Anniversary			
	Number of children			
Membership with other Professional Associations				
Payment	Amount Paid		Date	
	D.D./ChequeNo.		Bank & Branch	

Note: Please attest your 2 passport size photographs and enclose with this application

Demand draft in favour of "Aomsi-Delhi NCR State Chapter" payable at Delhi

Filled form along with D.D./Cheque to be sent to: Dr. Imran Khan, Hon. General Secretary(AOMSI  
Delhi/NCR Chapter) at: A-241 Govindpuram, Ghaziabad-201013