



63rd Annual Conference of Association of Otolaryngologists of India

Hosted by: Association of Otolaryngologists of India, Tamil Nadu

6 - 9 JAN, 2011



Non - residential Registration Form

AOI Membership No _____ LM / OM / Non member

Name : _____

Address : _____

City : _____ Pin Code : _____

State : _____ Country : _____

E-mail (Mandatory) : _____

Mobile No. (Mandatory) : _____

Telephone No. : _____ Fax : _____

Paste photograph here
(Accompanying person photo to be attached separately)

Accompanying Persons

1) _____

2) _____

Payment Details

Registration Fee	Amount
AOI Member / Non AOI Member	
Postgraduate Student	
Accompanying Person / Spouse	
Banquet	
Total Rs.	

Registration Fee Remittance

I am enclosing herewith Demand Draft No _____ dated _____ for Rs. _____ drawn on

(Name of the Bank) _____ Place _____ . Please

register me for the conference.

Signature

Bonafide Certificate (For Postgraduate students only)

This is to certify that Dr. _____ is a bonafide Postgraduate student in the

Department of ENT of _____ Institution.

Signature of HOD of ENT

- ❖ Postgraduate students must enclose a Bonafide Certificate issued by HOD / Institution
- ❖ Please send Demand Draft in favour of **63rd AOICON2011** payable at **Chennai** to the Conference Secretariat.



Conference Secretariat : Madras ENT Research Foundation (P) Ltd

No. 1, I Cross Street, Off. II Main Road, Raja Annamalai Puram, Chennai - 600 028, Tamil Nadu, India.