



INDIAN SOCIETY OF OTOTOLOGY

Application form for Life Membership

Name: Age:..... Sex:

Date of Birth: Designation:.....

Qualification:

Permanent Address:

.....Pin code.....

Email: Mobile:

Academic Details:

M.B.B.S:

Year of Completion:

College

Post Graduation: Degree:

Year of Completion:.....

College

Signature:.....

Please note:

1. Life membership fee Rs. 6000/- and 400 US Dollars for Foreign Delegates.
2. Payment to be made only by D.D/Cheque in favour of “**The Indian Society of Otolaryngology, Chennai**”
3. Please send your passport size photograph and write your name behind the photograph.
4. Please send a photocopy of your MS ENT / DLO/ DNB ENT certificate.

Payment can also be made through RTGS as per details given below:

Wire Transfer in favour of : INDIAN SOCIETY OF OTOTOLOGY
Wire Transfer Account No : 400658851
Bank Name : INDIAN BANK
Branch : KELLYS BRANCH
IFSC Code : IDIB000K071

Please send your bank payment confirmation slip along with your application form.

Address for Communication

The Secretary
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New No.274, Old No. 827, Poonamallee High Road,
Chennai - 600 010
E-mail: indiansocietyofotology@gmail.com
Website: www.indiansocietyofotology.com