



# Life Membership Form

## Association of Obstetric Anaesthesiologists, India

Form for Membership of Association of Obstetric Anaesthesiologists (AOA)

**For Office Use Only**

AOA Registration No. \_\_\_\_\_

Receipt No. \_\_\_\_\_

Received : Cash / D.D. / Cheque \_\_\_\_\_

Remarks \_\_\_\_\_

Surname \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Qualification \_\_\_\_\_

Designation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of work address : Institution \_\_\_\_\_ Hospital \_\_\_\_\_

Year of passing : MBBS \_\_\_\_\_ Diploma \_\_\_\_\_ MD \_\_\_\_\_ / DNB \_\_\_\_\_ Fellowship / Other \_\_\_\_\_

Medical Council Registration No. & Date : MBBS \_\_\_\_\_ PG (MD/ DA) \_\_\_\_\_

Residential Address : \_\_\_\_\_

City :

State :

Pin Code :

Email ID :

ISA Membership No.

Tel. No. : (Res.)

(Off.)

(Mobile)

**Life membership : Rs. 4,500/- DD in favour of "Association of Obstetric Anaesthesiologists" payable at Udaipur.  
(Send it to the address below with two passport size photos, attested copy of degree & medical council registration)**

**Office:**

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(Signature) \_\_\_\_\_