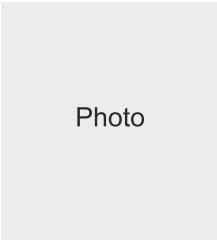




Associate Membership Form



● Personal Information

Name (in block letters)

Residential Address (in block letters)

City State Pin Code

Sex M F Date of Birth

● Correspondence Details

Address

City State Pin Code

Telephone Mobile

WhatsApp No. E-mail Id

● Qualifications

(starting from the last)

	Degree(s) Obtained	Affiliation	Year of Passing
1			
2			
3			
4			

● Registration No. _____ State (in which registered) _____

● Are you member of any other Society(ies)? If yes, furnish details _____

● Proposed by _____ Signature _____

● Seconded by _____ Signature _____

● Payment Details

Amount INR 5000/- Cheque No. _____ Dated _____

Bank Name _____

Declaration

I hereby declare that the above details are correct. I wish to be a Life Member of AOTS. I have carefully read the instructions overleaf. I shall abide by the Rules, Regulations & Bye-Laws of the Society as in force and any subsequent amendment(s) made from time to time.

Signature of Applicant _____ Date _____

INSTRUCTIONS

1. The Society reserves all rights to accept or reject any application to be proposed and seconded by ratified Life Members only. No application form will be accepted unless it is complete in all respects.
2. The **Membership Fee of INR 5000** should be sent along with this form, duly filled and signed. In case of non-acceptance of the application, the amount will be refunded.
3. We accept cheque only, should be issued in favour of AOTS.
4. Following documents should be annexed: Photocopy of Medical Registration, Photo Identity and Address Proof.

NOTE

You will become an Associate Member of AOTS. Your Life Membership status will be approved during the AGM of AOTS. You will be notified regarding this.

Address for sending your application

AOTS Secretariat
c/o RUEDA
DL - 220, Salt Lake,
Sec - II, Kolkata - 700091