



INDIAN SOCIETY OF OTOLOGY

Application form for Life Membership

Name: Age: Sex:

Date of Birth: Designation:

Qualification:

Permanent Address:

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 OTOLOGY

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

Indian Society of Otolaryngology

New No.274, Old No. 827, Poonamallee High Road,

Chennai - 600 010

E-mail: indiansocietyofotology@gmail.com

Website: www.indiansocietyofotology.com

