



# 5<sup>th</sup> INTERNATIONAL CONGRESS OF ORAL IMPLANTOLOGY

23rd - 25th Sept. 2011  
Hotel The Grand, New Delhi



Membership No.             (To be filled in by the office)

Name (Dr./ Mr./Ms.)

Date of Birth: DD   MM   YY     Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

Address: Office \_\_\_\_\_  
\_\_\_\_\_

Residence \_\_\_\_\_  
\_\_\_\_\_

(Preferred address for correspondence Off  Res  )

Name of Institution/Hospital \_\_\_\_\_

Telephone: Off.           Res.

Mobile           Fax:         E-mail: \_\_\_\_\_

**QUALIFICATIONS** (Enclose Proof)

BDS Year     Collage/University \_\_\_\_\_

MDS Year     Collage/University \_\_\_\_\_

Implant Courses attended \_\_\_\_\_

Dental council Registration No. \_\_\_\_\_ State \_\_\_\_\_

Any Other Information: \_\_\_\_\_

**STUDENT/PG REGISTRATION MANDATORY DECLARATION**

I certify that \_\_\_\_\_ is a full time dental student  
Institute \_\_\_\_\_  
Principal/Dean  
(Official Stamp)

**REGISTRATION FEES**

Life Member Rs. 3500/-

Int. Member US\$ 250

(Membership fees subject to change)

**METHOD OF PAYMENT**

Cash/Cheques (for Delhi only) or drafts payable at New Delhi in favour of "Academy of Oral Impantology"

Draft/Cheque No.         Dated \_\_\_\_\_ Bank \_\_\_\_\_ City \_\_\_\_\_

I promise to abide by the rules and regulations of AOI.

Sincerely Yours

Signature

**Dr. Ajay Sharma**  
Hon. General Secretary  
Academy Of Oral Implantology

E-105, Preet Vihar  
New Delhi 110092  
Tel: +91 9810061862, 9810061863  
E-mail: drajay@drsmilechanger.com

MEMBERSHIP FORM

Please affix  
Stamp size  
(2.5 x 3.5)  
Photograph.