



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. 4000/-
2. Payment to be made only by D.D/Cheque in favour of “**The Indian Society of Otolology, Chennai**”
3. Please send your passport size photograph and write your name behind the photograph.

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

