



XIII INTERNATIONAL CONGRESS OF ACADEMY OF ORAL IMPLANTOLOGY

23rd to 25th August 2024

The Centrum

**Pocket 7, Sector C, Golf City, Lucknow -226030
Uttar Pradesh, India**

Membership No. 78678 (To be filled in by the office)

Name (Dr./ Mr./Ms.) Dr Abhsihek

Date of Birth: DD 22 MM 11 YY 2001 Place of Birth: City Lucknow State India

Address: Office Omaxe Residency(Sarsawan)

Residence hazatraganj

(Preferred address for correspondence Off ☐ Res ☐)

Name of Institution/Hospital galaxy hospital

Telephone: Off. 9127916695

Res.

Mobile 7233980088

E-mail: abhishek@xyz.com

QUALIFICATIONS (Enclose Proof)

BDS Year 2022 College/University BBDU

MDS Year 2024 College/University AKTU

Implant Courses attended implant

Dental Council Registration No. 12 State Uttar Pradesh

Any Other Information: none

STUDENT/PG REGISTRATION MANDATORY DECLARATION

I certify that _____ is a full time dental student

Institute _____

Principal/Dean
(Official Stamp)

REGISTRATION FEES

Life Member Rs. 7,500/- (+18% GST)

Int. Member US\$ 450 (+18% GST)

(Membership fees subject to change)

PAYMENT MODE

DD/CHEQUE/CASH/NEFT in favour of
Academy of Oral Implantology

Bank Details:

NAME : ACADEMY OF ORAL IMPLANTOLOGY
BANK : CENTRAL BANK OF INDIA
CURRENT A/C NO. : 5553101297
IFSC CODE NO. : CBIN0283717
BRANCH : ST. FIDELIS COLLEGE, LUCKNOW - 226022
PAN : AADTA436B

METHOD OF PAYMENT

DD/CHEQUE/CASH/NEFT (for Lucknow only) or drafts payable at
Lucknow in favour of "Academy of Oral Implantology"

Draft/Cheque No. 255154 Date 2024-03-19

Bank SBI

City Kolkata

I promise to abide by the rules and regulations of AOI

Sincerely Yours

Signature

Dr. M. Shahique

Conference Secretary

XIII International Congress of Academy of Oral Implantology

Treat Dental Centre G-28 Manas Complex, Kursi Road,
Aliganj, Lucknow, UP 226024 India.

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