



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**

Dr

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

Name (Dr./ Mr./Ms.) 29

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

Address: Office Amaya Hamill 2024-10-22

Residence 1586 Elmo Way

46299 Clyde Valleys

(Preferred address for correspondence Off ☐ Res ☐)

Name of Institution/Hospital 637

Telephone: Off. Res.

Mobile E-mail

QUALIFICATIONS (Enclose Proof)

BDS Year College/University

MDS Year College/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. 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. Date

Bank

City

I promise to abide by the rules and regulations of AOI

Sincerely Yours

Signature

Dr. M. Shahique

Conference Secretary

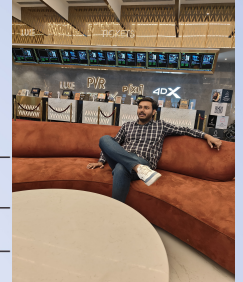
XIII International Congress of Academy of Oral Implantology

Treat Dental Centre G-28 Manas Complex, Kursi Road,

Aliganj, Lucknow, UP 226024 India.

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MEMBERSHIP FORM

Academy of Oral
Implantology
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