



# XIII INTERNATIONAL CONGRESS OF ACADEMY OF ORAL IMPLANTOLOGY

23<sup>rd</sup> to 25<sup>th</sup> 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 Ansh

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. 8127916695

Res. \_\_\_\_\_

Mobile 9127916695

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. : 55531 01297  
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 2024-03-20

Bank SBI

City Lucknow

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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