



ACADEMY OF  
ORAL IMPLANTOLOGY



# INTERNATIONAL CONGRESS OF ACADEMY OF ORAL IMPLANTOLOGY

11<sup>th</sup> - 13<sup>th</sup> AUGUST, 2023  
Le Méridien - Hotel, New Delhi (India)

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. 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:

Canara Bank, Maulana Azad Medical College,  
New Delhi-110002, India

Bank Account: 90682210006030

Swift Code: CNRBINBB126

IFSC Code: CNRB0019068

PAN: AADTA4436B

## METHOD OF PAYMENT

DD/CHEQUE/CASH/NEFT (for Delhi only) or drafts payable at

New Delhi 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. Ajay Sharma**

**Conference Secretary**

12<sup>th</sup> International Congress of Academy of Oral Implantology

Focus Dental: A 24 O P Bharti Marg, Naraina Vihar, New Delhi 110028

Mobile : +91-9810061862/63

Email: drajay@drsmilechanger.com | Web: www.aoi-india.in | www.aoi-india.com

Please affix  
Stamp size  
(2.5 x 3.5)  
Photograph.