

INDIAN ASSOCIATION OF ORAL & MAXILLOFACIAL PATHOLOGISTS

LIFE MEMBERSHIP FORM

Stamp
Size
Photograph

FULL NAME AND POSTAL ADDRESS WITH TELEPHONE NOS. & E-MAIL ADDRESS IF ANY	
DATE OF BIRTH	
POST GRADUATE QUALIFICATIONS AND UNIVERSITY WITH YEAR OF PASSING	
TITLE OF DISSERTATION & IMPORTANT PUBLICATIONS IF ANY	
SUBJECT OF INTEREST IN ORAL PATHOLOGY	
DESIGNATION IF IN SERVICE WITH NAME, ADDRESS & PHONE NOS. OF INSTITUTION	
WHETHER POST GRADUATE TEACHER ?	
IN PRIVATE PRACTICE IF YES – ADDRESS & PHONE NOS. OF CLINIC	
ASSOCIATION MEMBERSHIP NO.	
ANY OTHER MEMBERSHIP	

Note : Outstation members to pay by **Demand Draft or Multiciti Cheque** only. The D.D. / Cheques should be drawn in the name of “**Indian Association of Oral & Maxillo-Facial Pathologists**” payable at Mumbai, to be sent to the office of the Hon. Treasurer as mentioned hereunder. Alternately payment can be done online. The bank details are given below. After making online payment, the transaction Id/date to be mentioned in the form.

Bank details for on-line payments

Savings Account Name : Indian Association of Oral & Maxillofacial Pathologists.

Bank's Name : DCB Bank, Lokhandwalla Branch

Account Number : 03110900001841

RTGS/NEFT/IFSC Code : DCBL0000031

Hon. Treasurer
DR. P. NAINANI
RAJAN POLYCLINIC,
2/3/4, Manish Nagar, Above Kotak Mahindra Bank,
Four Bungalows, Andheri (w),
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