



अखिल भारतीय संवेदनहरण एवं शल्य-कक्ष प्रौद्योगिकीविद् संघ (पंजी.)
**ALL INDIA ASSOCIATION OF ANAESTHESIA & OPERATION
THEATRE TECHNOLOGIST (R)**

(Reg. No.: S/2077/Distt.South/2016)

Regd. Address: C-1301, JJ Colony, Tigri, New Delhi-110062.

Email id: aiaaott2016@gmail.com | mail2@aiaaott.org

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Ref. No. :

Date :





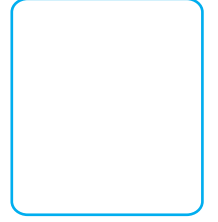
अखिल भारतीय संवेदनहरण एवं शल्य-कक्ष प्रौद्योगिकीविद् संघ (पंजी.)
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MEMBERSHIP FORM

To
The secretary General
All Indian Association of Anaesthesia &
Operation Theatre Technologist (AIAAOTT)

Form No.



Respected Sir,

I am sending my application form for membership of AIAAOTT, duly completed in all respect. Kindly enroll me as a member of the above association. My particulars are as follow:-

- Name** (in Capitals letters) -
 - FATHER'S/HUSBAND'S NAME** -
 - DATE OF BIRTH** (dd/mm/yyyy) -/...../..... **AGE:**.....**Years**
 - DESIGNATION** -
 - GENDER** (please Tick) - Male Female Other
 - MARITAL STATUS** (please tick) - Single Married Divorced Widow/Widower
 - EMPLOYMENT TYPE** (please tick) - Regular Govt. Employee Contractual Govt. Employee Non-Govt. Employee
 - EMPLOYERS' DETAILS** (please tick) - Institution Medical College Hospital Nursing Home Clinic Others
- OFFICE ADDRESS:**
.....
.....
.....
- DISTRICT/CITY :..... STATE:..... PIN:.....
TEL NO:..... EMAIL ID:..... FAX NO:.....
9. **PROFESSIONAL QUALIFICATION DETAILS:**
i) **SKILL** (please tick) - Anaesthesia Techniques CSSD Techniques Surgical Techniques All
ii) **TYPE OF CERTIFICATION** (please tick) Diploma Under Graduation Post Graduation
iii) **NAME OF COURSE** -
iv) **YEAR OF PASSING** -Duration of Certification Period:.....
v) **NAME OF INSTITUTION** -
vi) **ADDRESS** -
vii) **RECOGNISED BY** (Board/Any Govt. Recognized Universities/Institute/Hospital Name)
.....

10. EDUCATIONAL QUALIFICATION

(please enclose a Xerox copy of your certificate)

SL. No.	Qualification Details	Name of Board / Institution / University	Main Subject (s)	Year of Passing
01.	10th / SSLC or Equivalent			
02.	10+2 Science/ I.Sc or Equivalent			
03.	Certificate / Diploma (in Respective Field)			
04.	Under Graduation			
05.	Post Graduation			
06.	Other			

11. CORRESPONDENCE ADDRESS:

.....
.....
.....
DISTRICT CITY.....STATE.....PIN.....
MOB.NO:..... EMAIL ID.....

12. PERMANENT ADDRESS:

.....
.....
.....
DISTRIC / CITY :..... STATE:..... PIN:.....
MOB NO:..... EMAIL ID:.....

13. MEMBERSHIP FEE:

i) CHOICE OF PAYMENT CASH DEMAND DRAFT CHEQUE
II) AMOUNT (In figures) Amount (in words):.....
iii) DEMAND DRAFT DETAILS: (if applicable): - D.D. No.:..... Dated:.....
iv) CHEQUE DETAILS (if applicable) : - Cheque No..... DATED:-.....
Bank/Branch:-.....

I undertake to abide by the rules and regulations of the association

Date:
Place:

Signature of Applicant

FOR OFFICE USE ONLY	
Reg. No:.....
Comments:

SIGNATURE :-

DATE :

SEAL:

Zonal Secretary
(if Routed Through)

Finance Secretary

Sec. General

Bank Details : Bank Name : SBI, Branch: AIIMS Campus Ansari Nagar, New Delhi-29, Account No: 37079879019, IFSC Code: SBIN0001536

To Pay By Cheque : Send A Cheque Made In Favour Of aiaaott Payable At New Delhi
To Pay By Demand Draft: The Demand Draft Should Be Made In Favour Of aiaaott Payable At New Delhi

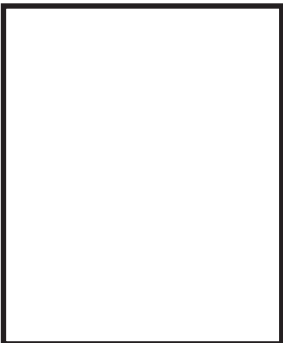
Filled in application form along with DD/Cheque should be send to :

THE FINANCE SECRETARY (AIAAOTT)

Mr. Shadab, No.C-5/1131, Street No.7, Behind Jamaal Hotel, Chauhan Banger, Delhi-110053
Mob: 9968966303, 9916690893, 9811191900

No. : **AIAAOTT ID CARD DETAILS**

Candidate's Name :
DOB :
Blood Group :
Mob No. :
Present Address :
.....
.....Dist.....State.....
Employer's Name & Address.....
.....



Only for Office Use
Regd. No.:

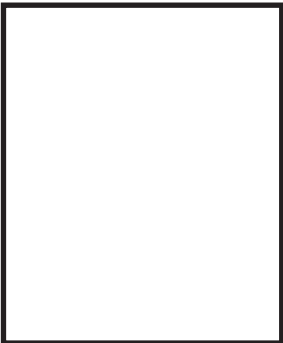
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Applicant Signature

-
- Kindly Paste one PP Size Photo over the Application Form, 1 Photo over ID Card details
 - Please Sign in the box given using black ball point pen only
 - Please fill the form in capital letters
 - Please Staple Application form and AIAAOTT ID Card details together

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