



Membership Application Form

All India Difficult Airway Association

(Founded in 2010)

Name : _____
Surname : _____
Address : _____
City : _____ PIN Code: _____
State : _____ Country: _____
Email ID : _____
Contact No.(Mobile) : _____ Office: _____ Res: _____
Medical Registration No & Date : _____ ISA Membership No : _____
Qualifications : _____ Specialty: _____
Designation and Workplace: _____
Place: _____
Date: _____

Signature of the applicant

Bank Details:

Life Membership Fee: _____ **Cheque / D.D. no:** _____ **Dated:** _____

Name of the Bank: _____ **Branch:** _____ **City:** _____

Life Membership registration fee: **Rs.3800/- (rupees three thousand eight hundred only)** to be paid by **Demand Draft or Cheque** in favour of "All India Difficult Airway Association" payable at **Mumbai**.

Please enclose:

- 2 passport size photos, one stuck to the application form & other with name written on back.
- A self-attested copy of qualification certificate and M.C.I. registration certificate.

Please mail the duly filled application form to:

*Dr. Sumalatha R Shetty
Secretary, AIDAA (All India Difficult Airway Association)
Department of Anaesthesiology & Critical Care,
KSHegde Medical Academy,
Nithyananda Nagar,
Deralakatte,
Mangaluru - 575018
Karnataka*

Contact us:

E-mail: aidiaa.aidiaa2010@gmail.com **Telephone No:** 09448115617

Website: www.aidiaa.in