



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 **Mangalore**.

**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:** [aidaa.aidaa2010@gmail.com](mailto:aidaa.aidaa2010@gmail.com) **Telephone No:** 09448115617

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