



Membership Application Form

All India Difficult Airway Association (Founded in 2010)

Name : _____
Surname : _____
Address : _____
City : _____ Pin code: _____
State : _____ Country: _____
Email ID : _____ Contact No: _____
Medical Registration no and Date : _____ ISA Membership NO: _____
Qualifications : _____ Specialty: _____
Designation and workspace : _____
Place : _____ Date: _____
Proposed By : _____ Membership No: _____

Bank Details:

Life Membership Fee: _____ UTR/Transaction No: _____ Dated: _____
Name of the Bank: _____ Branch: _____ City: _____

All INDIA DIFFICULT AIRWAY ASSO (AIDAA)

Account No: 50200029010991 **IFSC Code:** HDFC0004012

Life Membership registration fee: **Rs.5500/- (rupees five thousand five hundred only) (inclusive of GST)** to be paid by DD/NEFT/IMPS in favour of "All India Difficult Airway Association" payable at Mangalore.

Please enclose:

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

Please mail the duly filed application form to:

Dr. Apeksh Patwa
General Secretary, AIDAA (All India Difficult Airway Association)
Head of Department (Department of Anaesthesia)
Kailash Cancer Hospital & Research Center, Muni Seva Ashram, Goraj

Contact us:

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Telephone: +91 9825040828 (Dr. Apeksh Patwa) **Website:** www.aidaa.in