



## 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. Sumalatha R Shetty  
General Secretary, AIDAA (All India Difficult Airway Association)  
Department of Anaesthesiology & Critical Care  
Nithyananda Nagar, Derlakatte, Mangaluru-575018, Karnataka.

#### **Contact us:**

**Email:** aidaa.aidaa2010@gmail.com Telephone: 09448115617  
**Website:** www.aidaa.in.