



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

OR

UPI :

ALL INDIA DIFFICULT AIRWAY
ASSO AIDAA

TID: 62880598



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

- Please email soft copy of dully filled form, payment confirmation, passport size photograph, qualifications certificate
- Medical council registration and adhar card to email l'd aidaa.aidaa2010@gmail.com

Please mail the duly filed application form to:

Dr. Amit Shah

General Secretary, AIDAA (All India Difficult Airway Association)

Consultant anaesthesiologist (Department of Anaesthesia)

Kailash Cancer Hospital & Research Center, Muni Seva Ashram, Goraj

Address for correspondence : 12/a , Gokul Society, Sindhwaimata Road, Pratapnagar, Vadodara 390004.

Contact us:

Email: aidaa.aidaa2010@gmail.com

Telephone: +91 9099011061 (Dr. Amit Shah) **Website:** www.aidaa.in