



7. Publication: \_\_\_\_\_

8. Area Of Interest \_\_\_\_\_

9. Qualifications: (Graduation Onwards):

Examination Passed	University/ institution	Year

10. Any Achievement's:

Year	Particulars

Date: \_\_\_ / \_\_\_ / \_\_\_

Signature: \_\_\_\_\_

We propose and second Dr/ Mr/ Ms. \_\_\_\_\_ for enrollment as a Life / Overseas /Trade Member of the association of AROI for more than 3 Years.

Proposed by: \_\_\_\_\_ Signature: \_\_\_\_\_

Membership No. \_\_\_\_\_

**Recommendation of State / Zonal Chapter**

Certified that Dr/Mr/Ms \_\_\_\_\_ Fulfil this criteria laid down for membership of AROI. He /She has been enrolled as Life/ Overseas/ Trade Member Of \_\_\_\_\_ Chapter of AROI vide Membership No. \_\_\_\_\_. It is recommended that he/she may be enrolled as member of AROI.

Seal & Date

Signature of Chapter Secretary

Note: \* This form must be submitted to the office of Secretary General duly proposed and seconded with the Recommendation of the chapter Secretary.

\*\* Form not duly proposed, Seconded and recommended will not be accepted.

\*\* Please not only crossed Demand Draft/ NEFT/ Bank Deposit will be accepted.

\*\* Please send the Complete scan copy of form and DD / NEFT /Deposit Receipt on email: [secretaryaroi@gmail.com](mailto:secretaryaroi@gmail.com) or [vsrinivasan09@gmail.com](mailto:vsrinivasan09@gmail.com)

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