



ASSOCIATION OF OCCUPATIONAL THERAPY STUDENTS

[Regd. Under SOCIETIES REGISTRATION ACT OF xxi, 1860]

[Regd. No. : s/63349/2008]

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MEMBERSHIP REGISTRATION FORM

FULL NAME (In BLOCK letters) :

FATHER'S NAME (Do NOT use Prefixes) :

DoB: (dd-mm-yyyy)

SEX (Mark Tick) : M F

PASTE RECENT PASSPORT SIZE PHOTOGRAPH

ADDRESS (CORRESPONDENCE) :

ADDRESS (PERMANENT) :

CONTACT : CELLPHONE :

RESIDENCE PHONE NO.(Please specify CODE) :

E-mail address :

FULL NAME & ADDRESS of the Institute where currently studying :

DEGREE & ACADEMIC YEAR (please specify BOT / MOT) :

DECLARATION : I, THE UNDERSIGNED, HEREBY DECLARE THAT THE ABOVE INFORMATIONS PROVIDED BY ME IS TRUE TO MY KNOWLEDGE. I HAVE GONE THROUGH THE MEMBERSHIP RULES & REGULATIONS OF A.O.T.S. AND SHALL ABIDE BY THE SAME.

PLACE : _____

SIGNATURE OF THE APPLICANT : _____

DATE : _____

SPECIMAN SIGNATURES OF THE APPLICANT :

Two empty boxes for specimen signatures.

1. SPECIMAN SIGNATURE

2. SPECIMAN SIGNATURE

Membership No.:

A.O.T.S. SEAL

A U T H O R I S E D S I G N A T U R E S

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