

7. Publication: _____

8. Area Of Interes _____

9. Qualifications: (Graduation Onwards):

Examination Passed	University/ institution	Year

10. Any Achievement's:

Year	Particulars

Date: ___ / ___ / ___

Signature: _____

We purpose 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

Secretary

Signature of Chapter

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 or

Correspondence at:

Dr. G.V. Giri (Secretary General AROI)

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