



ALL INDIA OCCUPATIONAL THERAPISTS' ASSOCIATION
COUNCIL MEMBER WORLD FEDERATION OF OCCUPATIONAL THERAPISTS
(Registered under Bombay Public Trust Act: 1950-E-1118)
Website: www.aiota.org

SUBSCRIPTION & STUDENT MEMBERSHIP POLICIES

(The following information & regulations has been updated on 1st April, 2017)

(TO BE RETAINED BY THE STUDENT MEMBER)

1. The Student Membership is only for undergraduate students.
2. The STUDENT MEMBERSHIP FEES (w. e. f. from 1st April, 2017) is Rs. 1180/- (Including 18% GST)
3. The Student Members are not entitled to voting rights.
4. All students applying for student membership should have their forms signed by the OT School Authority the applicant is studying along with school seal/stamp.
5. Membership fees will be accepted by bank transfer to:
Account Name: All India Occupational Therapists Association (AIOTA)
Bank Name: Central Bank of India
Branch Name: Kranti chouk, Chatrapati Sambhajinagar
Account Number: 1026942763
IFSC Code: CBIN0280679
Branch Code-280679
6. Non- receipt of AIOTA Communication should be brought to the notice of Editor IJOT/ Program Head/ Hon. Treasurer immediately.
7. On becoming the Student Member, the member shall receive one Membership Certificate and Student Membership Badge.
8. On becoming the Student Member, one would receive complimentary copy of Indian Journal of Occupational Therapy thrice a year and concession in the registration fees in National OT Conferences or other workshop organized by AIOTA and will be eligible to participate in the scientific and competitive events at the national conference.
9. Student Membership will facilitate in quick dispensing of Life Membership once the applicant is eligible. The release of Life Membership need not go through the formal approval procedure.
10. No photocopy of the form will be accepted; only original print on A4 size Executive Bond paper will be accepted.
11. The applicant to sign across the affixed photo.
12. Students from AIOTA recognized OT schools can only apply for Student Membership.
13. The filled in Membership Form to be submitted at the Honorary Treasurer's Office.
14. The duly filled Student Membership Application Form should be enclosed with the Demand Draft of the prescribed amount and one extra passport size photo (45mm X 35mm).
15. Hon. Treasurer's contact details is available on <http://www.aiota.org/aiotaexe.asp>

MEMBERSHIP # (For office use only) : _____, FORM # (For office use only): _____



(Applicant's Latest Photo, 45mm X 35mm)
The applicant should sign across the photo.

STUDENT MEMBERSHIP APPLICATION FORM

ALL INDIA OCCUPATIONAL THERAPISTS' ASSOCIATION

(OCCUPATIONAL THERAPY / ERGO MEDICINE)

COUNCIL MEMBER WORLD FEDERATION OF OCCUPATIONAL THERAPISTS

(Registered under Bombay Public Trust Act-1950-E-1118)

www.aiota.org

DETAILS OF THE APPLICANTS: (Please write in Capital letters)

Name in Full (surname first): _____

Previous Name (if married): _____

Name to be printed in Certificate: _____

Date of Birth (in words): _____

Permanent Address: _____

Address for Correspondence: _____

Telephone No (with STD Code): _____

E-mail Address: _____

Name of the Institute where student is enrolled: _____

Month/Year of admission to Degree in Occupational Therapy: _____

Academic year the student is studying on: _____

Expected Date of Graduating: _____

STAMP AND SIGNATURE OF THE HEAD OF O.T SCHOOL / DEPARTMENT

Name

Official Seal of School / Department

Signature

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 AIOTA AND SHALL ABIDE BY THE SAME.

Signature of Applicant: _____

Date: _____

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1. Specimen Signature of Applicant

2. Specimen Signature of Applicant

(THE DUELY COMPLETED FORM ALONG THE NECESSARY DOCUMENTS & DRAFT TO BE SUBMITTED AT THE OFFICE OF HONORARY TREASURER)

Dr. Satish S Maslekar

Flat no 05, Shilp Samrudhi Apartment, Behind Apex Hospital, Basayye nagar, Aurangabad, Maharashtra - 431001
Mobile: 9822344021 (call timing 6pm to 10pm)