



Form E

OTICON' 2019
The 56th Annual National Conference of AIOTA
8th to 10th February 2019
PGIMER, Chandigarh, India



Cultural Event Form
(Will be Accepted by Email Only)

Details of AIOTA Member Delegates only	
Name of the Participant (s):	
AIOTA Membership Numbers of All Participants:	
Workplace (s):	
Mobile Number (s) & Email Id (s):	
Name of the Event: (Separate Form For Each Event)	
Competitive/ Non-Competitive:	
Signature of the Participant (s):	

Details of the AIOTA Student Member Delegates only		
S. No.	Name of the Student Participant	AIOTA Student Membership Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Name of the Occupational Therapy College:		
Name of the Event: (Separate Form For Each Event)		
Competitive/ Non-Competitive:		
Name of the Representative for the Event:		
Mobile Number & Email Id of the Representative:		

Endorsement by the Head of the Occupational Therapy Department that all the above participants are undergraduate students of the said institute/college.

Full Name and Signature of HOD (With College Seal):

Dully filled form be sent by email only, to: Dr. Jyothika N. Bijlani at: ccoticon19@gmail.com