



Verification from the Head of Occupational Therapy College for Undergraduate (UG) students:

This is to certify that the following _____ number of students are bonafide UG students of _____ College and he/she is a Member/Non-Student Member of AIOTA.

Sr. No	Name of the Student	Student Member/ Non Student Member AIOTA	Student Membership No.	Transaction ID for OTICON 2020 Registration	Transaction Date for OTICON 2020 Registration

College Seal: _____ Signature of the Head: _____

(FOR OTICON 2020 ONLY)