



WEST BENGAL ORTHOPAEDIC ASSOCIATION

(Registered under Societies Registration Act, 1961)
102/3A Dr.Suresh Ch. Banerjee Road(Beliaghata Main Road),1st Floor,
Kolkata:700010, West Bengal, India
Ph. 033-23720540,Fax.033.23720541,E-mail: wboamail@gmail.com
Web: www.wboa.in

Photo

Application for Membership

Name (in block letters): _____

Present address: _____

Permanent address: _____

(Please write Pin code number for easier communication).

Phone No. (Resi.): _____ Mobile: _____ E-mail: _____

Date of birth: _____ MBBS degree from College and University: _____

Regn. No. & State: _____

Post-graduate qualification (with year, Institute and University): _____

Designation/rank and place of work: _____

Special interest in academic field: _____

Membership of any other Association: _____

Declaration: I agree to abide by the Rules and Regulations as laid in the Constitution of the West Bengal Orthopaedic Association. _____

Date: Signature

Photo

2

Proposed by: _____ Membership No. _____

Seconded by: _____ Membership No. _____

Membership fees:

Life member Rs.2000.00

Associate Life member Rs.2000.00

Please pay by cash or A/c payee cheque in favor of "West Bengal Orthopaedic Association" and add Rs.50.00 for outstation cheque.

Accepted as _____ Member and number allotted is _____

at the Executive Committee Meeting on _____

Secretary

W. B. Orthopaedic Association

NB:

A photocopy of MBBS Degree;

A photocopy of Post-graduate Degree/Diploma;

A photocopy of Registration of P. G. Degree/Diploma with MC of the State; to be enclosed.

A photocopy of Medical Insurance Premium paid receipt.