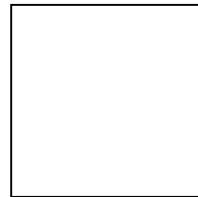


West Bengal Orthopaedic Association
Registered under Societies Registration Act 1961
102/3A Beliaghata Main Road Kolkata-700010, West Bengal
Application for Membership



Name (in block letters) Affix Photo.

Present address :

.....

Permanent address :

.....

(Please write Pin code number for easier communication)..

Phone No. (Res.)..... Mobile No. E-mail :

Date of birth : MBBS degree from College with University

..... Medical Registration No. & State ,

P.G. qualification (with year, institute & University).....

Designation/Rank and place of work.....

Special interest in academic field/branch

Membership of any other Association

.....

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

Place _____

: _____ Signature

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 favour of
West Bengal Orthopaedic Association and add Rs.50
for outstation cheque.

For Office use only

Accepted as Life/Associate Life Member and allotted number LM/_____ ALM/_____ at the E.C.
Meeting dated _____

Secretary, W.B. Orthopaedic Association.

NB : Documents to be enclosed :-

A xerox copy of MBBS degree ;

A xerox copy of post graduate degree/diploma;

A xerox copy of Medl. Regn. with M.C.of the State with P.G.degree/diploma;

A xerox copy of Medical Insurance premia paid receipt