MEMBERSHIP APPLICATION FORM

West Bengal Orthopaedic Association

Registered under Societies Registration Act 1961

102/3A, Dr. Suresh Chandra Banerjee Road, Beliaghata Main Road
1st Floor, Kolkata – 700 010, West Bengal, Ph: 033-2372-0540

Attach Passport Size Photograph Here

Name (in block letters) : _____

Present Address :_____

Permanent Address :_____

PIN Code: _____ P.O._____ State:_____

E-mail:_____Whatsapp No:_____

Date of Birth:_____ Date of Anniversary:_____

Academic Qualification:

***MBBS*:**

Institute:_____ Year:_____

Post Graduate (Degree/Diploma):

Institute:_____ Year:_____

Medical Council Registration No._____ State: _____

Membership of any other Association: _____ Currently attached with: _____

Membership apply for (Select any one)

Associate Life Member **(ALM)**_____ Life Member **(LM)**_____

Declaration: I agree to abide the Rules & Regulations as laid in the Constitution of the Association

Signature:_____ Date:_____ Place:_____

Proposed by:_____ Membership No:_____

Seconded by:_____ Membership No:_____

Membership Fee: Life Member / Associate Life Member Rs.3000.00 [Please pay by Cash / Card / Chq/ **QR code**]

Chq Details:_____ / Transaction ID_____

Please pay online / Bank Transfer
"WBOA CME WORKSHOP CONFERENCE"
Bank: State Bank Of India, A/c No: 35715775728
Br: PBB,Salt Lake, IFSC:SBIN0004204, SWIFT:SBININBB334

NB: Self Attested photocopy of
1.MBBS Degree 2.Post-Graduate Degree/Diploma 3.MC Registration of PG Degree/Diploma 4.Joining letter(for PGTs)

For office use only

Accepted as Life/Associate Life Member and allotted number **LM/**_____ **ALM/**_____ at the EC Meeting dated DD / MM / YYYY

_____
Hony. Secretary, WBOA