

# WBOA MEMBERSHIP FORM



## MEMBERSHIP APPLICATION FORM

### West Bengal Orthopaedic Association

Registered under Societies Registration Act 1961  
102/3A, Dr. Suresh Chandra Banerjee Road, Beliaghata Main Road  
1<sup>st</sup> Floor, Kolkata – 700 010, West Bengal, India

Attach  
Passport Size  
Photograph  
Here

Name (in block letters) \_\_\_\_\_

Present Address : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

PIN Code: \_\_\_\_\_ P.O. \_\_\_\_\_ State: \_\_\_\_\_

Contact No.(Resi) \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_ Whatsapp: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Anniversary: \_\_\_\_\_

#### **Academic Qualification:**

##### **MBBS:**

Institute: \_\_\_\_\_ Year: \_\_\_\_\_

##### **Post Graduate:**

1. Institute: \_\_\_\_\_ Year: \_\_\_\_\_

2. Medical Council Registration No. \_\_\_\_\_ State: \_\_\_\_\_

Membership of any other Association: \_\_\_\_\_

***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 / Cheque / Card / or Account payee cheque in favour of West Bengal Orthopaedic Association]

NB: Self Attested photocopy of

1. MBBS Degree 2. Post-Graduate Degree/Diploma 3. MC Registration of PG Degree/Diploma

#### **For office use only**

Accepted as Life/Associate Life Member and allotted number **LM/** \_\_\_\_\_ **ALM/** \_\_\_\_\_  
at the EC meeting dated \_\_\_\_\_

\_\_\_\_\_  
Hony. Secretary  
West Bengal Orthopaedic Association