

# IOA Membership Form

The Hon. Secretary, Indian Orthopaedic Association  
IOA House, 69 Tughlakabad Inst. Area,  
Behind Batra Hospital, M.B. Road,  
New Delhi - 62  
Ph : +91-11-29961434, 9811967820  
Email :ioahouse\_org@yahoo.com.ioahouse@ioaindia.org  
Website:<http://www.ioaindia.org>

**Attach  
Passport Size  
Photograph  
Here**

Dear Sir,

I wish to apply for the LIFE Membership of India Orthopaedic Association

Name (BLOCK LETTERS).....

Postal Address.....

State.....Pin Code.....Date of Birth.....

Email.....

Telephone.....Mobile No.....

PG Degree/ Diploma.....Year.....

Institution.....

I enclose the payment of Rs. By Cheque / DD No.....

Place & Date.....

**Signature**

Proposed By (NAME IN BLOCK LETTERS).....

SIGNATURE.....IOA MEMBERSHIP TO.....

Seconded By (NAME IN BLOCK LETTERS).....

SIGNATURE.....IOA MEMBERSHIP No.....

The membership fee for Life Membership is Rs. 5,000/- and full membership is Rs. **1000/-** (yearly) a decision has taken of IOA E.C. meet and AGM in 2008 at Bangalore. Please make Draft in favour of **“Indian Orthopaedic Association” payable at New Delhi**

**PLEASE NOTE :**

- ❖ Please send the membership application Form and Demand Draft at the above mentioned address only.
- ❖ Certified Photocopy of the PG Degree/Diploma to be sent along with Application Form.
- ❖ Certified Photocopy of Medical Council Registration to be sent along with the Form.

**Membership Is subject to ratification in the subsequent AGM of the IOA. Allotment of membership no will follow the ratification.Members will get proper information up to 1-week of March after ratification the membership no.**