

Application for Membership

West Bengal Orthopaedic Association
Registered under Societies Registration Act 1961
102/3A, Dr. Suresh Ch. Banerjee Road, Kolkata - 700 010

Attach
Passport Size
Photograph
Here

Name (in block letters).....

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. 3000.00

Associate Life Member Rs. 3000.00

Please pay by cash or A/c payee cheque in favour of West Bengal 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.

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