

Please submit the form to Hon. Secretary, State Chapter of your State

INDIAN ORTHOPAEDIC ASSOCIATION

MEMBERSHIP FORM

Please Attach
Passport Size
Photograph Here

The Hon. Secretary

IOA House, 69, Tughlakabad Institutional Area,
Behind Batra Hospital, M.B. Road, New Delhi - 110 062 India
Phone: +91 11 29961434, 98119 67820
E-mail ID: hon.secretaryioa@gmail.com / ioahousedelhi@gmail.com
Website: www.ioaindia.org



Dear Sir

I wish to apply for the **Life/Associate** Membership of Indian Orthopaedic Association.
(please fill the whole form in **BLOCK / CAPITAL LETTERS** only)

Name: _____

Postal Address: _____

State: _____ Pin Code: _____ Date of Birth: _____

Other Address: _____

Email: i) : _____ ii) : _____

Telephone: _____ Mobile: i) _____ ii) : _____

PG Qualification : Details include Degree /Diploma / Pass out Year / College / Institution / Place / University etc.

PG Degree /Diploma : _____

MCI Registration No. : _____ Year : _____

State / Other Association of IOA Membership : _____

(No application will be entertained without state chapter membership)

I enclose the payment of Rs. _____ By Demand Draft No. : _____

Place & Date : _____ Signature : _____

Proposed by : _____ IOA Membership No. : _____ Signature : _____

Seconded by : _____ IOA Membership No. : _____ Signature : _____

The membership for the **Life Member** is Rs. 5,000/- and **Associate Member** have to pay Rs. 2,000/- in the first term during the Ortho training (PG) and Rs. 3,000/- after MS Ortho etc. Qualification to become Life Member of IOA. Please make draft in favour of "INDIAN ORTHOPAEDIC ASSOCIATION" payable at New Delhi.

(Association Membership Fee for Overseas Applicant which are eligible for only Associate Member is \$ 100 One Hundred US Dollar.)

Please Attach :

- Certified Photocopy of Life Membership Certificate of State Chapter of Indian Orthopaedic Association.
- 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 of Orthopaedic PG Degree / Diploma to be sent along with the Form.
- Certified copy from HOD is must. (This is for **ASSOCIATE** member only)

Note : Membership is subject to ratification in the subsequent AGM of the IOA. Allotment of membership no. will follow the ratification / Associate members have the right of attending scientific meeting and social events and engaging in all scientific discussion but shall not attend business meetings and take part in elections.

Membership form will be sent **ONLY** by respective State Hon. Secretary to IOA Office, New Delhi