

APPLICATION FORM
MEMBERSHIP OF BIHAR ORTHOPAEDIC ASSOCIATION

To

The Secretary
BOA Building, IMA Premises,
South East Gandhi Maidan
Patna-800 004



Dear Sir

I wish to join the Bihar Orthopaedic Association as

- | | |
|---------------------|------------------|
| a. Life Member | Rs.1000/- |
| b. Full Member | Rs.100/-per year |
| c. Associate Member | Rs. 75/-per year |

I am enclosing herewith a crossed cheque/bank draft no..... of Bank (Rs. 30/-as bank charges for outstation cheques) towards the subscription in favour of Bihar Orthopaedic Association.

Name in Block Letters

Address

(Change of address should be immediately notified to the Secretary)

Date of Birth

Date of Marriage

Qualifying Degree

With year and institution

Post Graduate degree and / or diplomas

(Please attach photocopy

of P.G. Degree and/ of diploma)

Place & No. of Registration

Present appointment

Including nature of orthopaedic work

List of publications

(if space insufficient

attach a separate sheet)

Proposed by Dr.

Signature

Membership No.

Seconded by Dr.

Signature

Membership No.

Date

Signature of the Applicant