

MEMBERSHIP APPLICATION FORM (2018-19)

(To Be Filled In 'ALL CAPITALS' Please)



Last Name: First Name: Middle Name:

Date of Birth: Sex: Resi. Address: (Detailed with PIN CODE)

Clinic Address: (Detailed with PIN CODE please)

Please add Country and Area Code before telephone numbers: (Eg. +91 22...)

Residence Phone: Residence Fax:

Clinic Phone: Clinic Fax: Mobile:

E-mail: Website:

Qualifications*: (Degree/Diploma; University & Year of Passing)

Registration*: (Number, Name of Medical Council & Year of Registration)

Membership of Other Orthopaedic Organizations with Registration No. :

Clinical Attachments: (Name, Address & Tel. Number of Institutions):

Sub-specialty Interest in Orthopaedics:

Recommended by: (Names, Signatures and LM Number of two life members of BOS)

1. 2.

I am enclosing a Demand Draft No. of Rs. 5000/- (Indian Rupees Five Thousand Only) in favour of

'Bombay Orthopaedic Society', payable at Mumbai, of Bank,

dated for my Life / Associate Membership of the BOS. My membership will be confirmed on realization of

D.D., receipt of completed form with proof* of qualification and registration. It will be subject to ratification by the General Body of the BOS.

Signature of Applicant:

Date:

IMPORTANT NOTICE:

- Please attach photocopies of MS (Orth) / D. Orth / D.N.B. pass certificate & Medical Council Registration certificates along with this form.
- Signature of 2 Life Members along with their membership number is mandatory. Otherwise you will not be considered for membership.
- Please attach copy of your permanent postal address proof (for eg. - Aadhar Card, Passport, Driving Licence)



**BOMBAY
ORTHOPAEDIC
SOCIETY**

Please send duly filled form along with DD to:

Dr. Rujuta Mehta, Hon. Secretary,

BOMBAY ORTHOPAEDIC SOCIETY

C/o Vama Events Pvt. Ltd., Office No. 4, Gr. Floor,

Anmol C.H.S., Sakharam Keer Road, Parallel to

L. J. Road, Shivaji Park, Mumbai - 400 016

Tel.: + 91 22 2438 3498 | Telefax: + 91 22 2438 3499

Email: secretary@bombayorth.com