

APPLICATION FORM FOR INSTRUCTIONAL COURSE

(To Be Filled In 'ALL CAPITALS' Please)



Course Applied For:

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: (compulsory)

E-mail: (compulsory)

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

Present Position: (Name, Designation, Address & Tel. No. of Institution) Teaching / Non-teaching

BOS Life Membership No.: Non-member:

Presentations & Publications:

BOS Courses attended in the past:

Awards received:

For more than one course, kindly use a Xerox form or apply online.

I am enclosing a Demand Draft or payable at par Cheque No.of Rs. in favour of

'**BOMBAY ORTHOPAEDIC SOCIETY**' payable at Mumbai, of Bank, dated

[] I have understood and accepted the terms and conditions, including refund rules

Signature of Applicant: Date:

Course details are available on www.bombayorth.org. Registration & payment can be done online at www.bombayorth.org.



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