

## IOA Membership Form

The Hon. Secretary, Indian Orthopaedic Association,  
IOA House, 69 Tughlakabad Inst. Area,  
Behind Batra Hospital, M.B.Road,  
New Delhi – 62  
Ph: +91-11-29961434, 9811967820  
Email : [ioahouse\\_org@yahoo.com](mailto:ioahouse_org@yahoo.com), [ioahouse@ioaindia.org](mailto:ioahouse@ioaindia.org)  
Website : <http://www.ioaindia.org>

Attach  
Passport Size  
Photograph  
Here

Dear Sir,

I wish to apply for the LIFE Membership of Indian Orthopaedic Association

Name (BLOCK LETTERS) .....

Postal Address .....

State ..... Pincode ..... Date of Birth .....

Email .....

Telephone ..... Mobile No. ....

PG Degree / Diploma ..... Year .....

Institution .....

I enclose the payment of Rs. By Cheque / DD No .....

Place & Date .....

**Signature**

Proposed By  
(NAME IN BLOCK LETTERS) .....

SIGNATURE ..... IOA MEMBERSHIP NO.....

Seconded By  
(NAME IN BLOCK LETTERS) .....

SIGNATURE ..... IOA MEMBERSHIP NO.....

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The membership fee for Life Membership is **Rs. 5,000/-** and full membership is **Rs. 1000/-** (yearly) a decision has taken of IOA E.C meet and AGM in 2008 at Bangalore. Please make Daft in favour of "**Indian Orthopaedic Association**" payable at **New Delhi**

**PLEASE NOTE :**

- ❖ 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 to be sent along with the form.

**Membership is subject to ratification in the subsequent AGM of the IOA. Allotment of membership no will follow the ratification. Members will get proper information up to 1<sup>st</sup> week of March after ratification the membership no.**