



TELANGANA ORTHOPAEDIC SURGEONS ASSOCIATION

(Telangana Chapter of Indian Orthopaedic Association)

Reg. No. / 2015

Space for
Photograph

ASSOCIATE MEMBERSHIP APPLICATION FORM

1. Name of the Candidate : (Use block letters only)
Surname :
Name :
2. Preferred name in printing :
3. Qualifications : Year College
a) M.B.B.S. :
b) Any other qualifications :
4. Year of joining in Post Graduation
and name of the college :
5. Permanent Address :
.....
.....
PIN : Tel :
- Present Address :
.....
.....
PIN : Tel :
- Mobile No. : Fax :
E-mail : Website :
6. Details of Subscription Rs.
DD No. : Date :
Bank : Branch :
7. Letter from the HOD to be attached :

Station :

Date :

Signature of the Candidate