



TELANGANA ORTHOPAEDIC SURGEONS ASSOCIATION

(Telangana Chapter of Indian Orthopaedic Association)

Reg. No. / 2015

Space for
Photograph

LIFE MEMBERSHIP APPLICATION FORM

1. Name of the Candidate : (Use block letters only)
Surname :
Name :
 2. Preferred name in printing :
 3. Date of Birth :
 4. Qualifications : Year College
a) M.B.B.S. :
b) D. Ortho :
c) M.S. (Ortho) :
d) Any other qualification :
 5. Present Position : Professor / Associate Professor / Assistant Professor/
Tutor / Consultant / Practising Orthopaedic Surgeon
 6. Address
a) Permanent Address :
.....
.....
PIN : Tel :
 - b) Office Address :
.....
.....
PIN: Tel :
 - c) Residential Address :
.....
.....
PIN : Tel :
- Mobile No. : Fax :
E-mail : Website :
7. To which address the mailing is preferred
- | | | |
|-----------|--------|-------------|
| Permanent | Office | Residential |
|-----------|--------|-------------|

8. A) Are you member of Indian Orthopaedic Association : Yes No
B) If yes, please give your number :
9. A) Are you already a member of Telangana Chapter of IOA : Yes No
B) If you are already a life member kindly furnish the details :
10. Any other information the candidate wishes to furnish :
(Attach separate sheet if the space is not sufficient)
11. Details of subscription Rs. :
DD No. : Date :
Bank : Branch :
12. Xerox copies of PG, Degree or Diploma to be attached :

Station :

Date :

Signature of the Candidate

FOR OFFICE USE ONLY

Life Membership Number Alloted

Ratified by the
General Body

OASIS Contribution &
Communication sent