



Central Zone of Indian orthopaedic Association IOA

MEMBERSHIP FORM

To,

Dr Akhilesh Yadav
Secretary Central Zone of Indian Orthopedic association.
Plot 10, Block 10, Street 7
Priyadarshini parisar (west)
Bhilai, Dist Durg., Chhattisgarh 490020
email:-centralzoneioa@gmail.com Websit:CEZIOA.COM

PHOTO

Dear Sir,

I wish to join the Central Zone of the Indian Orthopedic Association as a Life member. I am enclosing herewith a crossed bank draft for Rupees 3000/- towards the membership fee made in favor of "Central Zone of I.O.A." payable at Patna. Name of issued DD bank is.....

.....with the number..... & date of.....

Name (in Capitals): First NameMiddle Name.....Last Name.....

Designation:.....Date of Birth..... Corresponding

Address.....

.....-Pin Code.....City.....

State.....Country.....Contact Numbers: Mobile.....

Hospital/Clinic.....Residence.....E-mail ID:.....

Other info.....

PG Qualifications (mention details) (Pass-out Year / College/ Institution/Place /University etc.) PG

Diploma/Degree/Others..... :

Any other details:.....Detail of other association membership.....:

Date & Place:.....**Signature of Applicant**.....

Proposed by:.....(Name/CEZIOA or IOA No./ Sign)

Seconded by:..... (Name/CEZIOA or IOA No./ Sign)

Please Note:

- 1) Please send the membership application form & DD at the above mentioned address only.
 - 2) Certified Photocopy of the PG degree/Diploma to be sent along with the application form.
 - 3) Certified Photocopy of the Medical Council Registration to be sent along with the application form.
- Membership is subject to ratification in the subsequent AGM of the CEZ-IOA. Allotment of membership Number will follow the ratification.