

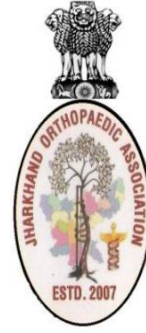
APPLICATION FORM

MEMBERSHIP OF JHARKHAND ORTHOPAEDIC ASSOCIATION

To
Dr. Nirmal Kumar
Secretary JOA

Flat No 101 A Block,
Panchwati Residency,
Chandani Chowk Kanke road,
Ranchi, Jharkhand - 834008

Email: doctororthoranchi@gmail.com



Please attach
your passport
Size Photo

Dear Sir,

I wish to join the Jharkhand Orthopaedic Association as a

- a. Life Member Rs.1000/-
- b. Full Member Rs.200/-per year
- c. Associate Member Rs.100/-per year

I am enclosing herewith a crossed cheque / bank draft No..... of Bank (Please add Rs.50/-as bank charges for outstation cheque) towards the subscription in favour of "Jharkhand Orthopaedic Association" payable at Ranchi.....With Date.....

Name in Block Letters
Year of joining MBBS.....; Year of joining MS/D.Ortho.....
Date of Birth.....
Correspondence Postal Address:.....
..... Pin Code.....

(Change of address should be immediately notified to the Secretary)

Contact Numbers with STD Code: Clinic / Hospital.....Resi:.....

Mobile/Whats-App No.....E-mail.....

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

PG Diploma / Degree /Others

(Please attach photocopy of P.G. Degree and/ of diploma)

Place & Registration No.

Present appointment

Including nature of orthopaedic work

Any other details.....

Detail of other association membership(CEZ & IOA membership no.).....

Date & Place:

Signature of the Applicant

Proposed by:.....

(Name / JOA LM No. / Signature)

Seconded by:.....

(Name / JOA LM No. / Signature)