

APPLICATION FORM

MEMBERSHIP OF JHARKHAND ORTHOPAEDIC ASSOCIATION

To

Dr. Pawan Kumar, MS (Ortho), FICS

Secretary JOA (2013-16) / Jt. Org. Secretary JOACON 2013 /

Org. Secretary CEZCON 2014/Jharkhand Executive CEZ-IOA (2011-14)

Sagar Hospital and Research Centre,
Jay Prakash Nagar, Bariatu Road, Sadar,
Ranchi-834009, Jharkhand.

0651 - 254 4116 / 09431163369 / 0898686868736
pawankr.barnwal@gmail.com / www.joaindia.org



Please attach
your passport
size
photograph
here.

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

Corresponding Address:.....

..... Pin Code.....Date of Birth.....

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

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

Mobile.....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.....

Date & Place:

Signature of the Applicant

Proposed by:.....

(Name / JOA LM No. / Signature)

Seconded by:.....

(Name / JOA LM No. / Signature)