

MEMBERSHIP FORM FOR UA CHAPTER IOA

Dear Sir,

I wish to apply for the LIFE/FULL/ASSOCIATE Membership of UA Chapter IOA

Name (Block Letter) :

Organization & Address :

..... Telephone :

Permanent Address :

..... Telephone :

E-mail : Mobile No. : Date of Birth :

Qualification Institution/University Year of Passing

MBBS

MS (Ortho)/D Ortho

Publications (Attach List)

Membership No. IOA

Payment Details Amount..... Date..... Cheque ./DD No..... Drawn on.....

In favour of "UTTARANCHAL CHAPTER INDIAN ORTHOPEDIC ASSOCIATION"

Place & date

Proposed By (Signature and

Name in BLOCK Letter) Membership No UA IOA.....

Seconded by (Signature and

Name in BLOCK Letter) Membership No UA IOA.....

Eligibility for

Life Membership	PG Degree / Diploma in Ortho	Fee 1000/-
Full Membership	PG Degree / Diploma in Ortho	Fee 300/- Per Annum
Associate Membership	PG Student	Fee 100/- Per Annum

Please Send Photocopy of MCI Registration, PG Qualification, One Photograph

Membership is subject to ratification in the subsequent GBM of UA IOA & Allotment of Membership number will follow the ratification

FOR OFFICIAL PURPOSE

Membership No. : Entered in Register :

Sig. of Secretary UA IOA :