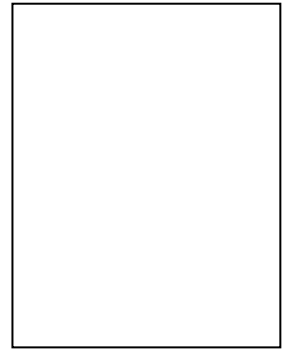


MEMBERSHIP OF BIHAR ORTHOPAEDIC ASSOCIATION

To

The Secretary
BOA Building, IMA Premises,
South East Gandhi Maidan
Patna-800 004



Dear Sir

I wish to apply for the **LIFE/ FULL/ ASSOCIATE** Membership of BOA.

I am enclosing herewith a crossed cheque/bank draft no..... dated
of (Name of Bank) (Rs.30/-as bank charges for outstation cheques).

Use Block Letters only

Name

Postal Address

City- State Pin Phone nos. STD

Resident Clinic What's App No.

Mobile E-mail

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

Date of Birth

Date of Marriage

Qualifying Degree

With year and institution

Post Graduate degree and / or diplomas

Place & No. of Registration

Present appointment

Including nature of orthopaedic work

List of publications

(if space insufficient

attach a separate sheet)

Proposed by Dr.

Signature

Membership No.

Seconded by Dr.

Signature

Membership No.

Date

Signature of the Applicant

The membership fee for Life Membership is **Rs. 3,000/-** and full membership is Rs. **1500/-** (yearly) and **Associate member** have to pay **Rs.3,000/- (Yearly)**. Please make Draft in favour of "**Bihar Orthopaedic Association**" payable at **Patna**.

PLEASE NOTE:

- ❖ Please send the membership application Form and Demand Draft/Cheque at the above mentioned address only.
- ❖ Certified Photocopy of the PG Degree / Diploma and Medical Council Registration to be sent along with Application Form.
- ❖ Certified copy from HOD is must.(This is for the ASSOCIATE member only)

NOTE: Membership is subject to ratification in the subsequent GB of the BOA. Allotment of membership no will follow the ratification. Members will get proper information up to 2nd week of March after ratification the membership no.

Associate members have the right of attending scientific meeting and social events and engaging in all scientific discussion but they shall not attend business meetings and take part in elections.