



DELHI ORTHOPAEDIC ASSOCIATION

MEMBERSHIP FORM (To be filled in Capital letters only)

Membership applied for: Life Member / Associate Member

Surname First Name

Postal address

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City..... State..... Pin code.....

Mobile no.1.....Mobile no. 2.....

Telephone no....., Date of birth.....E mail

Office address (Hospital / Nursing Home / Clinic)

.....City..... State..... Pin code.....

Mobile no.1.....Telephone no.....E mail

Please tick the mailing address

DMC / MCI / SMC Registration no.

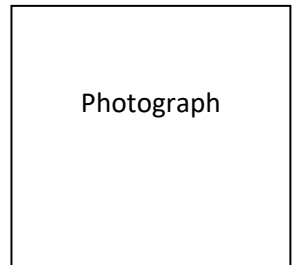
Qualification	Year of Passing	College / University
MBBS		
MS / DNB / D-Ortho		
Other		

Membership fees for Life membership Rs 3000/-, Associate Membership Rs. 1500/- by draft or cheque in favour of “**Delhi Orthopaedic Association**” payable at Delhi

Payment Details

Amount.....Cheque/Demand draft no.....Drawn on bank.....

Dated.....



For Online payment by NEFT or other modes, DOA account details

State Bank of India, Chandralok Building, Janpath, ND, Acc no 10185777887 IFSC code SBIN0001639

Online transfer reference number.....Dated.....

(Please mention for DOA membership and your name in the purpose column)

Recommended by (Two life members of DOA)

1. Name DOA LM no.Signature.....

2. Name..... DOA LM NoSignature.....

Signature.....

Date.....

Important Notice

-Please attach photocopy of PG degree and Medical Council registration certificate along with this form

-Membership will be confirmed on realization payment, receipt of form with proof of qualification and registration and subject to ratification in the subsequent AGM of DOA

Please send duly filled form along with DD and documents to:

Dr. Hitesh Lal, Hon Secretary, DOA, Room No. 4, 7th floor, Sports Injury Centre, Safdarjung Hospital, Delhi-110029 , mobile 9868828881, Email doadoffice@gmail.com www.delhiortho.org

For Office use only

Receipt no..... Dated..... Membership no.....

Secretary / Authorized Signatory.....