

Please submit the form to Secretary General, Karnataka Orthopaedic Association

Indian Orthopaedic Association
Membership Form

The Hon. Secretary, IOA
IOA House, 69, Tughlakabad Institutional Area
Behind Batra Hospital, M.B. Road, New Delhi-110062
Phone: +91 11 29961434, 9811967820
Email: hon.secretaryioa@gmail.com / ioahousedelhi@gmail.com
Website : www.ioaindia.org

Please Attach
Passport Size
Photograph Here



Dear Sir,

I wish to apply for the Life/Associate Membership of Indian Orthopaedic Association (please fill the whole form in **BLOCK/CAPITAL LETTERS** only)

Name:

Postal Address:

.....

State :..... Pin code: Date of Birth:

Other Address:

.....

E-mail address:

Telephone: Mobile No:

PG Qualification: Details include Degree / Diploma / Pass out Year /College / Institution / Place / University etc.

PG Degree / Diploma:

.....

.....

MCI Registration No: Year :

State / Other Association of IOA Membership:

(No application will be entertained without state chapter membership).

I enclose the payment of RS: By Demand Draft No / Online payment proof :

.....

Place & Date: Signature:

Proposed by:

IOA Membership No: Signature:

Second by :

IOA Membership No LM..... : ...Signature:

The membership fee for **Life Member** is Rs. 5,000/- and **Associate Member** have to pay Rs. 2,000/- in the first term during the ortho training (PG) and Rs. 3,000/- after **MS (Ortho)** etc. Qualification to become Life Member of IOA. Please make Daft in favour of "**Indian Orthopaedic Association**" payable at **New Delhi**. **Or pay online with bank details on next page** (Associate/Life Membership Fee for Overseas application which are eligible for only associate member is \$100 One Hundred US Dollar.) Please attach:

- . Certificate Photocopy of Life Membership Certificate of state chapter of Indian Orthopaedic Association.
- . Please Sent the membership application Form and Demand Draft/ Online Payment proof at the above mentioned address only.
- .Certified Photocopy of the PG Degree/ Diploma to be sent along with Application Form.
- .Certificate Photocopy of Medical Council Registration of Orthopaedic PG Degree / Diploma to be sent along with the form. .
- Certificate copy from HOD is must. (This is for the Associate member only)

NOTE: Membership is subject to ratification in the subsequent in the subsequent AGM of the IOA. Allotment of membership no will follow the ratification. Associate members have the right of attending scientific meeting and social events and engaging in all scientific discussion **but they shall not attend business meeting and take part in elections.**

Membership form will be sent only by respective State Hon. Secretary to IOA Office, New Delhi
ICICI Bank Details to Pay Online for membership

ACCOUNT NO 031101006198
CUST ID 583658065
ACCOUNT NAME : INDIAN ORTHOPEDIC ASSOCIATION
IFSC CODE ICIC0000311

BASE SOL ID 0311
BRANCH NAME NEW DELHI-GKII

Or Scan QR Code to Pay by UPI on Mobile (FAST AND EASY)



If any further queries connect to CAO Mr Ramesh Pandey
-9811967820