



ODISHA ORTHOPAEDIC ASSOCIATION

MEMBERSHIP APPLICATION FORM

The Hon. Secretary
OOA, IMA House
Medical Road, Ranihat
Cuttack, Odisha
Pincode-753007

Attach
Recent
Passport Size
Photograph

Name (BLOCK LETTERS)

Postal Address

State Pincode Date of Birth

Permanent Address

Mobile No. Email ID

MBBS Degree from College with University

Passout Year Medical Registration No. Year

PG Qualification (Year/Institute/University)

Membership of any other association

I enclose the payment of Rs.in favour of Odisha Orthopaedic Association

Declaration : I agree to abide by the Rules and Regulations as laid in the constitution of Association

Place :

Date:

Signature

Proposed byOOA Membership No.

Seconded byOOA Membership No.

Life Membership Fees : Rs 3000 by Cash/Demand Draft in favour of Odisha Orthopaedic Association payable at Cuttack and Account Payee Cheque to Odisha Orthopaedic Association

Documents to be attached : Certified Photocopy of MBBS Degree, PG Degree/Diploma, Medical Council Registration Certificate

For Office use only

Accepted as Life member of Odisha Orthopaedic Association and allotted Membership number

Secretary, Odisha Orthopaedic Association