



BOMBAY ORTHOPAEDIC SOCIETY

MEMBERSHIP APPLICATION FORM

Last Name: First Name: Middle Name:

Date of Birth: Sex: Resi. Address: (Detailed with PIN CODE)

Clinic Address: (Detailed with PIN CODE please)

Please add Country and Area Code before telephone numbers: (Eg. +91 22...)

Residence Phone: Residence Fax:

Clinic Phone: Clinic Fax: Mobile:

E-mail: Website:

Qualifications*: (Degree/Diploma; University & Year of Passing)

Registration*: (Number, Name of Medical Council & Year of Registration)

Membership of Other Orthopaedic Organizations with Registration No.:

Clinical Attachments: (Name, Address & Tel. Number of Institutions):

Sub-specialty Interest in Orthopaedics:.....

Recommended by:
(Names, Signatures and LM Number of two life members of BOS)

1.

2.

IMPORTANT NOTICE:

- Please attach photocopies of MS (Orth) / D. Orth pass certificate & Medical Council Registration certificates along with this form.
- Signature of 2 Life Members along with their membership number is mandatory. Otherwise you will not be considered for membership.

I am enclosing a Demand Draft No. of Rs. 2000/- (Indian Rupees Two Thousand Only) in favour of 'Bombay Orthopaedic Society', payable at Mumbai, of Bank, dated for my life/ associate membership of the BOS. My membership will be confirmed on realization of D.D., receipt of completed form with proof* of qualification and registration. It will be subject to ratification by the General Body of the BOS.

Signature of Applicant: Date:

Please send duly filled membership form along with DD to: Dr. Samir Dalvie, Secretary, BOMBAY ORTHOPAEDIC SOCIETY
C/o VAMA EVENTS, Office No. 4, Gr. Floor, Anmol CHS, Sakharam Keer Marg, Parallel to L. J. Road, Mahim, Mumbai 400 016
Tel.: + 91 22 2438 3498 Telefax: + 91 22 2438 3499