



World Record Academy LLC

Highest Number of Free Orthopaedic Surgeries,

Ref: India, 3-5 August 2016

(your record's name)

NOTE: submit **online** your new record FIRST!

website: www.worldrecordacademy.com

email: record2016@worldrecordacademy.com

WORLD RECORD REGISTRATION FORM

The four basic requirements to have a world record recognized are:

- 1) the attempt is measurable;
- 2) it can be breached;
- 3) it should be verifiable;
- 4) it represent a real achievement;
- 5) it's legal, moral and sets a good example for others.

WARNING!!! All Record attempts are taken with the risk of the person attempting the record. World Records Academy, in no circumstances will have any liability for any injury caused

Record's name: Highest Number of Free Orthopaedic Surgeries, India, 3-5 August 2016

Record's category: Mass participation
(Amazing Feats; Arts; Biggest; Business; Children; Collections; Easter; Fishing; Food; Drinks; Games; Hobbies; Human Body; Internet; Mass Participation; Military; Modern Society; Nature; New Year; Science; Skydiving; Smallest; Sports; Stunts; Strength; Technology; Thanksgiving; Travel; Transport; Valentine's Day; Youngest; Weather; Wedding)

This is a new category: New Category

This surpasses the record

This record was broken on (date)

at (venue)

Measurements, facts etc.:

Pre operative/ Per operative/ Post operative pictures, brief clinical notes, Undertaking from Surgeon and patient that the surgery was totally free of cost, two News paper reports (full page clippings), certification by approved persons as suggested by WRA

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Detailed rules that were followed for the attempt:

Consent letter obtained from the Surgeon, Pre event screening of patients, Pre/per/post operative pictures and xrays to be submitted, pictures of xrays, clinical photos, should be absolutely free of any costs.

Undertaking given by Surgeon and Patient certifying that the surgery was free, appropriate certification by First and Second witnesses; press reports

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Information about the Record breaker: (To be filled by each Surgeon)

(If the record was broken by a small group of people, please provide these details for the other team members on a separate sheet of paper. If the record was broken by a large team, please name a team member as contact person. Please be sure to write legibly!)

Your title: Mrs./Mr./Ms...

First name:.....Last name:

Date of Birth (day/month/year):Occupation

Team / Company (for business use):

Daytime Phone:

Evening Phone (for media inquiries).....

Fax: E-mail:

Web Site (if available):

Address for your world record certificate

Company (for business use): INDIAN ORTHOPAEDIC ASSOCIATION

Attn: (name the person in charge). Prof. SUDHIR KAPOOR President, Indian Orthopaedic Association

Street address (NO PO boxes!) IOA HOUSE, Plot No.69, Tughlakabad Institutional Area,

..... Behind Batra Hospital, M.B. Road

Apt, suite.....City: New Delhi

Region / Province / State (mention). Union Territory

Country: INDIA

Zip code (postal code).... 110062

Photographs included. (They can be used by the authors for the "World Records Book" and other publications license-free. I acknowledge that the copyright is not owned by third parties.)

Newspaper cuttings included

Video tape included

Logbook included (needed for endurance marathons and some other categories)

I acknowledge that the information given is true.

Signature of the record breaker
or record coordinator



First Witness

Name: First Name:

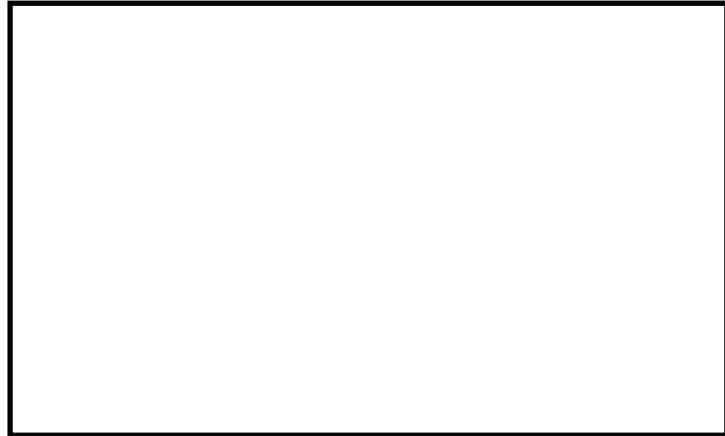
Position “).
(Mayor, Judge, Lawyer, Sheriff, Senator, Local Council Member)

phone.: fax: e-mail:

Postal address:
.....

**I have witnessed the record attempt for.....
and confirm that the details about the claim given in this application form are true.**

Company Stamp / seal
documenting the position
and signature
(alternatively, attach business card)



Second Witness

Name: First Name:

Position

phone.: fax: e-mail:

Postal address:
.....

**I have witnessed the record attempt for.....
and confirm that the details about the claim given in this application form are true.**

Company Stamp / seal
documenting the position
and signature
(alternatively, attach business card)





World Record Academy

Attn: Record Verification Dept.
Ref: **(your record's name here)**
8345 NW 66TH ST, #6441
Miami, FL, USA
Zip 33166

email: record2016@worldrecordacademy.com
website: www.worldrecordacademy.com

**THE LIST OF PARTICIPANTS IN THE WORLD RECORD ATTEMPT
RECORD'S NAME: HIGHEST NUMBER OF FREE ORTHOPAEDIC SURGERIES, INDIA,
3-5, AUGUST 2016**

NR	Title: Mr. Mrs. Miss	First Name	Last Name	Postal Address	Email	Signature
1						
2						
3						
4						

Surgeon

First Witness

Second Witness