

TAMILNADU ORTHOPAEDIC ASSOCIATION LIFE MEMBERSHIP APPLICATION FORM

The Hon. Secretary - TNOA

Door. No 9B 'D' Block ASTA AVM Apartments AVM Studio Complex, 38, Arcot Road, Vadapalani, Chennai – 600 026 Ph: 044 – 45590476 Mobile : 9360892724

Mail: secretarytnoa@gmail.com, tnoaoffice2018@gmail.com

BRANCH

Dear sir.

I wish to apply for the Life membership of Tamilnadu Orthopaedic Association. Providing my particulars for the membership.

Name	:	PROPOSED B
Address	:	Doctor Name :

Residential : Life Membership No :

Clinic : Signature :

SECONDED BY
Doctor Name :

Date of Birth : Life Membership No :

Mobile No : Signature :

E-mail :

Qualification DD DEATILS

1. Year of Passing MBBS : BANK : University : BANK :

Medical council Reg. Number : DD.NO :

PG – Dip /Degree : DATED :
Year of Passing / University : AMOUNT :

3. Present Post :

If you are ALREADY a MEMBER of IOA, a DD for Rs.5,000 favouring "TAMILNADU ORTHOPAEDIC ASSOCIATION" Payable at CHENNAI for TNOA membership and Enclose the IOA membership certificate copy.

IOA MEMBERSHIP No. :	
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If you are not an IOA member, then along with IOA filled membership form, two DD's to be taken.

- 1. Rs.5000/- favouring "INDIAN ORTHOPAEDIC ASSOCIATION" payable at New Delhi.
- 2. Rs.5000 /- favouring "TAMILNADU ORTHOPAEDIC ASSOCIATION" payable at Chennai.

Signature

2.

"Combined membership for both TNOA and IOA been made compulsory as per decision taken in the GB meeting held at TNOACON – Madurai, 2019".

^{*}Please attach 2 set photocopies of the documents *

Please submit the form to Hon. Secretary, State Chapter of your state

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

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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 : Pi	ı code:Date	of Birth:	
Other Address:			
E-mail address:			
Telephone:	Mobile No:		
PG Qualification: Details include Degre	e / Diploma / Pass out Year /College /	Institution / Place / University etc.	
PG Degree / Diploma:			
MCI Registration No:	Year :		
State / Other Association of IOA Memb (No application will be entertained wit			
l enclose the payment of RS:	By Demand Draft No	o :	
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.

(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 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 Association 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