



TAMILNADU ORTHOPAEDIC ASSOCIATION

ASSOCIATE MEMBERSHIP 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

Place :
Date :

PHOTO

Dear sir,
I wish to apply for the SINGLE ENTRY MEMBERSHIP for
TNOA & IOA. Providing my particulars for the membership.

Name :

Address ::

Residential :

Clinic :

Date of Birth :

Mobile No :

E-mail :

PROPOSED BY

Doctor Name :

Life Membership No :

Signature :

SECONDED BY

Doctor Name :

Life Membership No :

Signature :

Qualification

1. Year of Passing MBBS :
University :
Medical council Reg. Number :
2. PG – Dip /Degree :
Expected month & year of Completion :
Institution :
University :
3. Bonafide letter from HOD :
of Institution :

I have enclosed a Demand draft for **Rs.9,000** favouring “TAMILNADU ORTHOPAEDIC ASSOCIATION ” Payable at Chennai.

**Please attach 2 set photocopies of the documents **

Signature

DD./NEFT NO :

BANK :

BRANCH:

DT :

AMOUNT:

For online payments
TamilNadu Orthopaedic Association
A/c No. : 705855990
IFSC : IDIB000C017
Indian Bank Chetpet Branch
Mention your Name and Mobile No. in
the remarks column

Single entry membership for associate member has been made compulsory as per decision taken in the GB meeting held at TNOACON –Madurai, 2019. You become an associate member of IOA & TNOA. On completion of your course and producing the degree certificate, additional qualification registration certificate, you automatically will become a life member of TNOA, IOA & OASIS.

For IOA Associate Membership

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

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 :

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**.

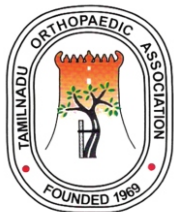
(Associate/Life Membership Fee for Overseas application which are eligible for only associate member is \$100 One Hundred US Dollar.)

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



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

Place :

Date :

PHOTO

Dear sir,

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

Name :

Address :

Residential :

Clinic :

Date of Birth :

Mobile No :

E-mail :

PROPOSED BY

Doctor Name :

Life Membership No :

Signature :

SECONDED BY

Doctor Name :

Life Membership No :

Signature :

Qualification

1. Year of Passing MBBS :
University :
Medical council Reg. Number :
2. PG – Dip /Degree :
Year of Passing / University :
3. Present Post :

DD/ NEFT DEATILS

- BANK :
BRANCH :
DD./ NEFT NO :
DATED :
AMOUNT :

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. :

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.

*Please attach 2 set photocopies of the documents *

Signature

For online payments
TamilNadu Orthopaedic
Association
A/c No. : 705855990
IFSC : IDIB000C017
Indian Bank Chetpet Branch
Mention your Name and
Mobile No. in the
remarks column

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

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

Indian Orthopaedic Association
Membership Form

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Behind Batra Hospital, M.B. Road, New Delhi-110062
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Passport Size
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