

Gujarat Orthopaedic Association

Membership Form

Denotes a compulsory field. if the information in these categories is not supplied, the form submission will be rejected

PERSONAL DETAILS

#Recent passportsize Colour Photograph



Applying for

Life Membership

Full Membership

Associate Membership

First name:

Middle name:

Last name:

Date of Birth:

Qualifications:

Year of Post-graduation:

Institute of Post-Graduation:

CONTACT DETAILS

(Please Mark the address which you went as your postal address)

Work Address:

Work phone (with STD):

Home Address:

Home phone (with STD):

Fax:

Mobile Number

Email address:

URI :

OFFICIA 1 AND ACADEMIC
INFORMATION Experience in
orthopaedics and publications

Member of IOA?

Medical Registration Number and place:

PAYMENT DETAILS Cheque or Draft no:

Drawee Bank Name:

Amount:

Dated:

REFERENCES Proposed by:

Seconded by :

I have read the constitution of the Gujarat Orthopedic Association. By submitting this application. I pledge to abide by it.

Constitution is available on our website www.goa.org.in

Signature of Applicant with Date

Application of Membership of

GUJARAT ORTHOPA EDIC ASSOCIATION

The Gujarat Orthopedic Association is a chapter of “Indian Orthopedic Association”. The object of the association is the advancement of science, art and practice of orthopedic surgery. The association has Yearly conference in the first week of February. It also conducts postgraduate lecture and fellowship programmes.

Life member and full members may be elected from those who hold the postgraduate Degree or Diploma in Orthopaedic and /or its equivalent, or from surgeons practicing orthopaedics exclusively.

Associate member may be elected from Those who are in training in orthopaedic surgery Those in allied surgical specialties or medical branches related to orthopaedic surgery.

All the applications must be proposed and seconded by two full/ life members of the association. Annual subscription for full and associate members are due on 1st April of each year and are payable in advance.

SUBSCRIPTION FEES

Category Fees Admission

Life Member Rs.3500/-

*(Please add Rs.10/- towards bank charges)

Demand Draft must be in favour of “GUJARATH ORTHOPAEDIC ASSOCIATION” payable at “Ahmedabad”

The application from with the above information should be sent with the payment (D/D) directly to:

Dr.Hasmukh Nagwadia

Honorary Secretary, Gujarat Orthopaedic Association

E/12 Sharanam – 11, Nr. Heaven Park,

Opp. Karnavati Club Prahaladnagar,

Ahmedabad - 380015.

Phone: 91 -079-26937890 Mobile: 9723814800

E-Mail:hpnag87@yahoo.com

You can also fill up the form online and send the copy of the same with the demand draft.