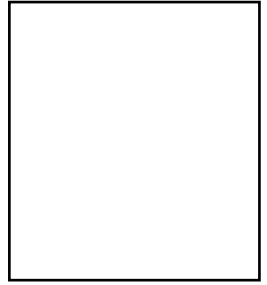


UPOA - MEMBERSHIP FORM



To
Dr. Santosh Singh,
Hon. Secretary,
U.P. Orthopaedic Association,
C-14, L-Road, Mahanagar Extension, Lucknow- 226006
Phone: 9415026189, 9918238999, 9415679511
E-mail: upoaoffice@gmail.com, orthosantosh@yahoo.co.in

Dear Sir,
I wish to join as member of UPOA. I am enclosing herewith a DD/Cheque of Rs 4000.00 towards membership as Life Member/ Rs. 500.00 as Associate Member towards corpus fund of UPOA.

Name.....

Date of Birth PAN No.....

Address

.....

Telephone..... Mobile..... E-mail:

Qualification	Institution	University	Year of Passing
MBBS			
MS Ortho / D. Ortho			
DNB			

Present Status

Membership No. IOA:

Payment Details

DD/Cheque No..... Drawn On..... Amount..... Date.....

DD/Cheque in favour of **UP ORTHOPAEDIC ASSOCIATION**, payable at Lucknow

	Name	Signature	LM NO.
Proposed by			
Seconded by			

Date.....

Signature of Applicant

FOR OFFICIAL PURPOSE

Received by (Name)

Membership No. Allotted

Signature of Secretary UPOA