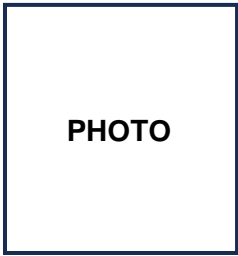




UPOA Membership Form



To
Dr. Amit Jaiswal,
Honorary Secretary,
U.P. Orthopaedic Association,
 Secretariat Address- D 58/7-38 Bhagwandas colony Rathyatra, Orthomax Hospital, Varanasi, 221010
 Phone: 9415087330, 9415679511
 E-mail: upoaoffice@gmail.com

Dear Sir,
 I wish to apply for the Life/Associate Membership of UP Orthopaedic Association.

Name.....
 Date of Birth PAN No..... Aadhar Card 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

Account Name: U.P. Orthopaedic Association
 Bank: State Bank of India
 Account No: 30323729681
 Branch: Lucknow Main Branch
 IFSC: SBIN0000125

DD/Cheque No/Online Transaction No..... Bank Name.....
 Amount..... Date.....

DD/Cheque/Online Transaction 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

The Membership Fees for **Life Member is Rs. 4000/-** and **Associate Member is Rs. 500/-**.

Please attach:

- 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 transaction details 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 Associate member only).