

# DELHI ORTHOPAEDIC ASSOCIATION: MEMBERSHIP FORM

*Please fill the form in Capitals*

Membership applied for: Life Member / Associate Member

Surname: .....First Name: .....

**Postal address:**

..... .Photograph

.....

Pin Code: ..... Telephone No: ..... Mobile No: .....

E-Mail: .....

Date of Birth .....

**Office Address (Hospital/Nursing Home/Clinic)**

.....

.....

Pin Code: ..... Telephone No: .....

<b>Please tick the mailing address</b>		
Qualifications	Year of Passing	College/University
M.B.BS		
M.S (ORTHO)		
OTHER		

**(Attach Photostat of your qualification – Must) (Postgraduates may submit a Photostat copy of their MBBS Degree for membership)**

**Membership Fee for :**

**Life Membership Rs. 3000/ - Associate Membership Rs.1500/-Cheque** or Draft in favour of “Delhi Orthopaedic Association” payable at Delhi. Mail at the address below:

**Payment Details:**

Amount ..... Cheque/Demand Draft No:.....

Drawn on (Bank).....Dated:.....

**For Online Payment**

State Bank Of India ChandraLok Building, Janpath,

Account Number: 10185777887 IFSC code: SBIN0001639

on line transfer reference number.....Dated.....

**\*\*Please mention for DOA membership and your in the purpose column**

**Signature**.....

**Date**.....

**Dr.Lalit Maini, Hon. Secretary, DOA**, Room No. 609, Department of Orthopaedics,  
Lok Nayak Hospital, Delhi Gate, Delhi 11002 , 9968604324,  
Email: [doaoffice@gmail.com](mailto:doaoffice@gmail.com)

**For office use only**

Receipt No.....Dated .....

Membership No.....

Secretary/ Authorized Signatory .....