

Gujarat Orthopedic Association

New Membership Form

(Capital Letters in All text fields) (All fields are Compulsory)

Type of Membership (Tick one): 1. Life 2. Full 3. Associate

First Name:

Middle Name:

Last Name:

Email Address:

Mobile No:

Affix Photo
here.

Passport size
recent

Address:

Locality/Area:

City/Town: District:

State: Country: Pin/Zip:

Date of Birth: Day Month: Year

Degree: Year of Passing:

University:

Medical Council Registration No.

Member of Indian Orthopedic Association? : Yes Number No

I have submitted membership fee in bank account of Gujarat Orthopedic Association as follows:

Amount: Rs. 3510 (Rs. 3500+10 Bank charges) (Three Thousand five hundred ten)

Mode of Payment: (Tick one):

1. Cash : (Copy of Pay in Slip with my name attached here)
2. Cheque /Draft : (Copy of Pay in Slip/cheque /draft with my name attached here)
3. Internet Online fund transfer : Transaction ID

My name is proposed by GOA Member:

Signature

LM Number:

My name is seconded by GOA Member:

Signature

LM Number:

I have read the constitution of the Gujarat Orthopedic Association on our web site at www.goa.org.in . By submitting this application. I pledge to abide by it.

I have read instructions and requirements to become GOA member and submitted required documents according to check list below and I know that my name will be ratified by next GBM and then only I will be declared as member and will be assigned a Membership Number.

Signature of Applicant:

Date:

Check List: (check and Tick)

1. Form Filled completely
2. Orthopedic Education Degree Certificate copy (self-attested)
3. Medical Council registration Copy (self-attested)
4. Proof of Payment copy (Pay in slip/ cheque / draft /transaction id)

Instructions:

1. You can submit this form online once online facility will be started – fill on our website - print – sign and get signed by proposer etc. – check according to check list – attach all documents and then submit to Hon Secretary to put it in next GBM for ratification and acceptance. You will receive Membership number after GBM by email you have registered in this application. After getting number please visit our website and update your complete profile and have other features for your benefits i.e. Build your own website and others
2. Bank details of A/c of Gujarat Orthopedic Association is as follows :
You can pay to any branch of **Central Bank of India** –Mention details from below in pay in slip or online fund transfer:

(1) Beneficiary Account Name: "Gujarat Orthopedic Association"

(2) Beneficiary Account Number at Central Bank of India: 1002941381

(3) Beneficiary Account IFSC: CBIN0281629

(4) MICR: 380016011

3. Send Complete application to:

Dr Kamlesh Devmurari Aarsh Children's Orthopedic Hospital
Address: A-35, Circle-B, Block A, 4th floor, S.G. Highway
Landmark: Above Pakvan Restaurant, Ahmedabad, GUJARAT
Personal: +(91)-9427277066 Hospital Phone: +(91)-079-26870063
Email: orthodrk@yahoo.co.in