



Central Zone of Indian orthopaedic Association

MEMBERSHIP FORM

To,

Dr. Pradeep Choudhari

Secretary Central Zone of Indian Orthopaedic Association.

7/3/3, Ahilya Mata Colony, Near Chark Hospital, Rani Sati Gate
Indore 452003.

Contact : +91 9826053328 Email – pchoudhari@rediffmail.com

email: centralzoneioa@gmail.com Websit:www.cezioa.com

PHOTO

Dear Sir,

I wish to join the Central Zone of Indian Orthopaedic Association as a life member. I am enclosing herewith a bank draft for Rupees 3000/- towards the membership fee made in favor of "Central Zone of IOA." payable at Patna. Name of issued DD/ cheque bank is.....

with the number..... & date of

Name (in Capitals): First Name Middle Name..... Last Name.....

Designation:..... Date of Birth..... Corresponding

Address.....

.....-Pin Code...:..... City

State..... Country..... Contact Numbers: Mobile.....

Hospital/Clinic..... Residence..... E-mail ID:.....

Other info.....

PG Qualifications (mention details) (Pass-out Year / College/ Institution/Place /University etc.) PG

Diploma/Degree/Others.....

Any other details:.....Detail of other association membership.....:

Date & Place:..... **Signature of Applicant**.....

Proposed by:.....(Name/CEZIOA or IOA No./ Sign)

Seconded by:..... (Name/CEZIOA or IOA No./ Sign)

Please Note:

- 1) Please send the membership application form & DD at the above mentioned address only.
- 2) Certified Photocopy of the PG degree/Diploma to be sent along with the application form.
- 3) Certified Photocopy of the Medical Council Registration to be sent along with the application form. Membership is subject to ratification in the subsequent AGM of the CEZ-IOA. Allotment of membership Number will follow the ratification.