

**APPLICATION FOR MEMBERSHIP
OF
KERALA ORTHOPAEDIC ASSOCIATION**

Please affix a
passport size
photo

I wish to apply for
LIFE/PG Membership of the KOA Subscription paid Rs:.....
(Life: Rs:4,956 plus Rs 50 for out station Cheque, in favour of Kerala- by cash/cheque/DD No.....
Orthopaedic Association payable at Ernakulam), PG Rs 1180/- Drawn on.....
(Rs 200 of 4,956 for membership of OASIS & LM Fee including 18% GST) Dated
(Please type or use Capital letters)

Name in Full
Designation
Hospital

1. Present address

Pincode Tel: Stdcode No.

Mobile: E-Mail:

2. Permanent address:

Pincode Tel: stdcode No.

Mobile: E-Mail

Mailing address 1/2/other

Date of Birth : **Blood Group:**

Qualifying **M.B.B.S** : Year:.....
Institution :..... University.....

Post Graduate **Diploma:** Year :.....
Institution :..... University.....

Post Graduate **Degree:** Year :
Or DNB / Institution :..... University.

Other :.....

TCMC / MCI Registration Number:

Member of Indian Orthopaedic Association: Yes/No Number
Member of Indian Medical Association Yes/No LMNO:

Affiliated District Ortho Club :

Area of Specialty/ special interest in Orthopaedics

Date: Signature of Applicant
Proposed by:

KOA Dist Chapter President /Secretary Signature
Secretariat:

Kerala Orthopaedic Association , 4C, IMA House, Palarivattom P.O, Kochi - 682025
Mob: 9526056488, Email : keralaortho@gmail.com , bhaskarsubin@gmail.com

Note: Mandatory to Submit copy of TCMC additional qualification (Orthopaedics) Registration certificate . For PGs Certificate of HOD must be enclosed & Application must be Proposed by concerned District club Secretary / President.

NEFT/IMPS Details: Account Name: Kerala Orthopaedic Association, Bank: Canara ,Kadavanthra Branch. Account no: 1859201000656, IFSC: CNRB0001859 If NEFT /IMPS its no and Date must be included in the Form