

Salutation: Dr/Mr/Prof

First Name: _____

Middle Name: _____

Last Name: _____

Email: _____

Gender: Male Female

Home Phone: _____

Mobile Number: _____

Office Number: _____

Date of Birth: _____

Registration Number: _____

Place of Registration (City Name): _____

State: _____

Educational Qualification: _____

Other Qualification: _____

Office Address: _____

Residential Address: _____

Preference for Communication: Office Residence

Membership Fee

- * The fee for Life Membership is Rs. 1,000/- (One Thousand Only).
- * Associate member have to pay Rs 1,000/- during the Ortho training (PG) and after completing MS / D. Ortho / DNB (Orthopaedics), they shall be qualified to become Life member of NZOA.

Payment of Membership Fee:

1. Demand Draft in favour of '**North Zone Orthopaedics Association, Chandigarh**' payable at **Ludhiana**.
2. RTGS/NEFT

Name: **North Zone Orthopaedics Association, Chandigarh**

Ac no: **51201131000486** IFSC code: **ORBC0105120**

Bank Name: **Oriental Bank of Commerce** Branch: **DMCH** City: **Ludhiana**

Mandatory Enclosures:

- Certified Photocopy of the PG Degree 1 Diploma to be sent along with Application Form.
- Certified Photocopy of Medical Council Registration to be sent along with the form.
- Certified copy from HOD is must. (For the ASSOCIATE member only)
- Proof of payment

NOTE:

Membership is subject to ratification in the subsequent AGM of the NZOA. Allotment of membership number will follow the ratification.

Associate members have the right of attending scientific meeting and social events and engaging in all scientific discussion but they shall not attend business meetings and take part in elections.

Date: _____

Signature: _____

Please send the membership application Form and Proof of Payment to the below mentioned address:

DR HARPAL SINGH SELHI
HONORARY SECRETARY OF NZOA,
PROFESSOR,
DEPARTMENT OF ORTHOPAEDICS,
DMC & HOSPITAL,
TAGORE NAGAR, CIVIL LINES,
LUDHIANA-141001