



## EAST DELHI ORTHOPAEDIC ASSOCIATION

**MEMBERSHIP FORM** (To be filled in Capital letters only)

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

Postal address .....

.....

City..... State..... Pin code.....

Mobile no.1.....Mobile no. 2.....

Telephone no....., Date of birth.....E mail .....

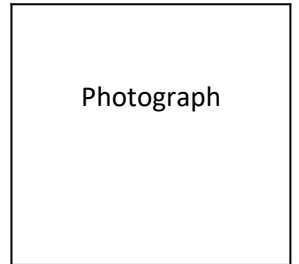
Office address (Hospital / Nursing Home / Clinic) .....

.....City..... State..... Pin code.....

Mobile no.1.....Telephone no.....E mail .....

Please tick the mailing address

DMC / MCI / SMC Registration no. ....



Qualification	Year of Passing	College / University
MBBS		
MS / DNB / D-Ortho		
Other		

**Membership fees** is Rs 2000/- by draft or cheque in favour of “**East Delhi Orthopaedic Association**” payable at Delhi

Payment Details

Amount.....Cheque/Demand draft no.....Drawn on bank.....

Dated.....

For Online payment by NEFT or other modes, EDOA account details

Bank of Baroda, D-43, Kaushambi, Ghaziabad  
Account Number: 26680200000313  
IFSC Code: BARB0KAUMOR

Online transfer reference number.....Dated.....

(Please mention for EDOA membership and your name in the purpose column)

Recommended by (Two life members of EDOA)

1. Name ..... EDOA LM no. ....Signature.....

2. Name..... EDOA LM No .....Signature.....

Signature.....

Date.....

### Important Notice

-Please attach photocopy of PG degree and Medical Council registration certificate along with this form

-Membership will be confirmed on realization payment, receipt of form with proof of qualification and registration and subject to ratification in the subsequent AGM of EDOA

**Please send duly filled form along with DD and documents to:**

**Dr. Shekhar Srivastav**, Hon Secretary, EDOA, Prime Speciality Clinic, 182, First Floor, Jagriti Enclave, New Delhi - 110092, Mobile 9818241028, Email: [edoadelhi@gmail.com](mailto:edoadelhi@gmail.com), [drssrivastav@hotmail.com](mailto:drssrivastav@hotmail.com)

For Office use only

Receipt no..... Dated..... Membership no.....

Secretary / Authorized Signatory.....