

MEMBERSHIP FORM

RAJASTHAN ORTHOPAEDIC SURGEONS ASSOCIATION

Last Name _____ First Name _____ Middle Name _____

Date of Birth (DD/MM/YYYY)

D	D	M	M	Y	Y	Y	Y
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Residential Address (Detailed with PIN Code please) | _____

Clinic Address (Detailed with PIN Code please) | _____

E- mail Id: _____

Contact No. (R) _____ (O) _____ (M) _____

IOA Membership No. (if any) _____

ROSA Membership No. (Leave Blank) _____

**Affix
Passport
Size Photo**

Qualification	Year	College/ University
M.B.B.S.		
M.S.		
Super Speciality		
(Please attach a self attested copy of your degree)		

Life Membership Fee for ROSA- Rs. 2,500/-

Mode of Payment: Cash / Pay Order/ Cheque in favour of Rajasthan Orthopaedic Surgeons Association

Cheque/ Draft No. _____ Date _____ Amount _____

Bank & Branch _____

Proposed by Life Member: Name _____ Life Membership No. _____

(Signature of proposer) _____

I have read the constitution of the Rajasthan Orthopaedic Surgeons Association on web site at www.rajortho.org By submitting this application. I pledge to abide by it.

I have read instructions and requirements to become ROSA member and submitted required documents. 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.

Date _____

Place _____

(Signature of Applicant)

ROSA SECRETARIAT

Dr. Rahul Katta

Hon. Secretary

E-4, Shastri Nagar, Jaipur – 302016

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