

**Maharashtra Orthopaedic Association**  
**Application for Life Membership**

To,  
The Hon. Secretary cum Treasurer  
Maharashtra Orthopaedic Association  
Dr. NARAYAN KARNE,  
Dr. Karne Hospital, near  
Laxminarayan Theater, Before  
Saibaba Temple, Satara Road, Pune.  
411037. Mob: - 9822036724.  
Email : [officeofmoa@gmail.com](mailto:officeofmoa@gmail.com) Website : [www.mahaortho.org](http://www.mahaortho.org)

Dear Sir,  
I, the undersigned wish to join Maharashtra Orthopaedic Association as Life Member. My details are given below.  
I am enclosing a Demand Draft (payable at PUNE.) for Rs. **5,900/-** Cheque of Rs. **5,900/-**  
The details of the Draft / Cheque drawn in favour of  
**"Maharashtra Orthopaedic Association"** are as follows.

Draft No. / Cheque No. .... Dated:.....

Banker's Name: .....

My Personal Details are as follows

Name:.....  
*Surname Name Father's / Husband's Name*

Qualification: Degree / Diploma

1..... Year .....

Institute / University: .....

2..... Year .....

Institute / University: .....

Residential Address: .....

..... Tel. No.: .....

Fax No.: ..... Mobile: .....

E-mail: ..... Website: .....

**Maharashtra Orthopaedic Association**

**Application for Life Membership**

Hospital Address (Clinic / Consulting):.....

..... Tel. No.: .....

Attachment: .....

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Special Intrest: .....

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I agree to abide by the rules & regulations of Maharashtra Orthopaedic Association.

Proposed by Life Member: Dr.....

Life Membership No. : .....

Address / Tel. No.: .....

..... Signature .....

Seconded by Life Member: Dr.....

Life Membership No. : .....

Address / Tel. No.: .....

..... Signature .....

IOA Member – Yes/No If Yes – IOA No.: .....

.....  
Signature of Applicant

**Important: Your membership is subject to ratification in the subsequent AGM of the Association during MOACON. Allotment of membership number will follow the ratification.**

**IMP: Please attach one passport size photograph with application form and copies of Qualification Certificate..**