

# APPLICATION FORM FOR INSTRUCTIONAL COURSE

(TO BE FILLED IN 'ALL CAPITALS' PLEASE)

Course Applied For: .....

Last Name: ..... First Name: ..... Middle Name: .....

Date of Birth: ..... Sex: ..... Resi. Address: (Detailed with PIN CODE) .....

Clinic Address: (Detailed with PIN CODE please) .....

Please add Country and Area Code before telephone numbers: (Eg. +91 22...)

Residence Phone: ..... Residence Fax: .....

Clinic Phone: ..... Clinic Fax: ..... Mobile: (compulsory) .....

E-mail: (compulsory) .....

Qualifications\*: (Degree / Diploma; University & Year of Passing) .....

Present Position: (Name, Designation, Address & Tel. No. of Institution) Teaching / Non-teaching .....

BOS Life Membership No.: ..... Non-Member: .....

Presentations & Publications: .....

BOS Courses attended in the past: .....

Awards received: .....

For more than one course, kindly use a Xerox form or apply online.

I am enclosing a Demand Draft or payable at par Cheque No. .... of Rs. .... in favour of

'**BOMBAY ORTHOPAEDIC SOCIETY**' payable at Mumbai, of ..... Bank, dated .....

[ ] I have understood and accepted the terms and conditions, including refund rules

Signature of Applicant: ..... Date: .....

Course details are available on [www.bombayorth.in](http://www.bombayorth.in) Registration & Payment can be done online at [www.bombayorth.in](http://www.bombayorth.in)

## Selection criteria for instructional courses:

- Completed application form with payment in full.
- Attendance certificate of a basic course in the speciality is a must for advanced courses.
- Separate forms or photo copy for each course if applying for multiple courses physically. Online applications for each course has to be applied for and paid for separately.
- BOS life members will be given first preference.
- Post-graduate qualification, present work & experience.
- Registration & Degree Certificate is mandatory.
- Attendance of previous BOS courses.
- Publications, presentations and conferences attended.



**BOMBAY ORTHOPAEDIC SOCIETY**

Please send duly filled form along with DD to

**Dr. Swapnil M. Keny**, Hon. Secretary,  
**BOMBAY ORTHOPAEDIC SOCIETY**

C/o Vama Events Pvt. Ltd., Office No. 4, Gr. Floor, Anmol C.H.S., Sakharam Keer Road,  
Parallel to L. J. Road, Shivaji Park, Mumbai - 400 016

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