

# MEMBERSHIP APPLICATION FORM (2025 - 26)

(TO BE FILLED IN 'ALL CAPITALS' PLEASE)

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: .....

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

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

Registration\*: (Number, Name of Medical Council & Year of Registration) .....

Membership of Other Orthopaedic Organizations with Registration No.: .....

Clinical Attachments: (Name, Address & Tel. Number of Institutions): .....

Sub-specialty Interest in Orthopaedics:.....

Recommended by: (Names, Signatures and LM Number of two life members of BOS)

1. .... 2. ....

I am enclosing a Demand Draft or payable at par Cheque No. .... of Rs. 7500/- (Indian Rupees Seven Thousand Five

Hundred Only) in favour of '**Bombay Orthopaedic Society**', payable at Mumbai, of ..... Bank,

dated ..... for my Life / Associate Membership of the BOS. My membership will be confirmed on realization of

D.D. / Cheque, receipt of completed form with proof\* of qualification and registration. It will be subject to ratification by the General Body of the BOS.

Signature of Applicant: .....

Date: .....

## IMPORTANT NOTICE:

- Please attach photocopies of MS (Orth) / D. Orth / D.N.B. pass certificate & Medical Council Registration certificates along with this form.
- Signature of 2 Life Members along with their membership number is mandatory. Otherwise you will not be considered for membership.
- Please attach copy of your permanent postal address proof (for eg. - Aadhar Card, Passport, Driving Licence)



**BOMBAY  
ORTHOPAEDIC  
SOCIETY**

Please send duly filled form along with DD to

**Dr. Ashish Phadnis**, Hon. Secretary,

**BOMBAY ORTHOPAEDIC SOCIETY**

**VAMA EVENTS PVT. LTD.** Kohinoor Square Phase I,  
B Wing, Office No.1004, 10<sup>th</sup> Floor, N. C. Kelkar Road,  
Shivaji Park, Dadar West, Mumbai - 400 028

Tel.: 022 35131930 / 31 / 32 / 33 / 022 46052832

Email: [secretary@bombayorth.com](mailto:secretary@bombayorth.com)