

MEMBERS DIRECTORY UPDATE FORM (2026 - 27)

(TO BE FILLED IN 'ALL CAPITALS' PLEASE)

Photo

Personal Details:

First Name

Middle Name

Last Name

BOS Membership Number: Date of Birth: Gender: Male Female

Address:

City: State: Country: Pin Code:

Professional Details:

Qualification(s): Medical Council Reg. No.:

Speciality / Area of Interest:

Current Designation:

Name of Hospital / Clinic / Institution:

Clinic / Hospital Address:

City: State: Pin Code:

Contact Information:

Mobile Number: Alternate Contact Number:

Email ID:

Academic & Professional Profile:

Fellowship / Special Training Details:

Teaching Appointments (if any):

Publications / Academic Achievements (optional):

Professional Society Memberships:

Digital Presence:

Website (if applicable):

Social Media Handles (optional):



**BOMBAY
ORTHOPAEDIC
SOCIETY**

Please send duly filled form to,
Dr. Abhijit Kale, Hon. Secretary,

BOMBAY ORTHOPAEDIC SOCIETY

C/o Vama Events, B-1004, Central Tower, Kohinoor Square, N. C. Kelkar Marg,
Dadar West, Mumbai - 400028.

Tel.: 022 35131930 / 31 / 32 / 33 / 022 46052832 | Email: secretary@bombayorth.com