

MEMBERSHIP FORM for ASSOCIATE MEMBER

RAJASTHAN ORTHOPAEDIC SURGEONS ASSOCIATION

(Registered under Act 28, 1958 No. 1331/02-03 Jaipur)

Name _____ Father's Name _____

Date of Birth (DD/MM/YYYY)

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Permanent Address: _____

City _____ Pin _____ State _____

Present Address: _____

City _____ Pin _____ State _____

Address for Post/Communication: Permanent / Present _____

E- mail Id: _____; _____

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

**Affix
Passport
Size Photo**

Qualification	Year	College/ University
M.B.B.S.		

Details of Training: Course: D Ortho./ MS (Ortho.)/ DNB (Ortho.) Batch _____

College/Institution: _____

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 Associate member and submitted required documents. I know that this membership will automatically get discontinued at 3 years from the date of inception, If, not fulfilled the criteria and applied for Life Membership / Life Associate Membership.

Date _____ (Signature of Applicant) _____

Proposed by Life Member: _____ Life Membership No. _____

(Signature of Proposer) _____

Payment details: Cash/Cheque/D.D./Bank Tranfer/UPI _____

Instrument (Cheque or DD)/UTR/transection no. _____ Dated: _____

Bank & Branch _____ Received on [Office use] _____

- Membership fee: **1500.00 INR** [One time]
- Trainee in the specialty with D Ortho., MS (Ortho.), DNB (Ortho.) who reside/work in Rajasthan
- **Attach letter from the HOD of the Department**
- **Copy of RMC Registration**

Account Name: Rajasthan Orthopaedic Surgeons Association
Bank Name : State Bank of India
Branch : Ambabari, Jaipur
Account No. : 61059545465
Account Type : Savings
IFSC Code :SBIN0061296

Please send duly filled application form along with documents and payment details to:

ROSA Secretariat:

Dr Vikram Sharma

SPORTSMED

Chamber no. 5050 , Fortis Escorts Hospital , Jaipur 302017

For Office Use:

Contact no:- +91 8114427844 Email - rosasec2024@gmail.com

ROSA AM No.: _____ Signature of Office Bearer _____