

LIFE MEMBERSHIP FORM

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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Residential Address: _____

City _____ Pin _____ State _____

Clinic Address: _____

City _____ Pin _____ State _____

Address for Post/Communication: Clinic/Residence _____

E- mail Id: _____ ; _____

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

**Affix
Passport
Size Photo**

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

IOA Membership No.: _____ Other Membership: _____

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 member and submitted required documents. I know that my name will be ratified by next GBM and then only I will be declared as member and will be assigned a Membership Number.

Date _____

(Signature of Applicant)

Proposed by Life Member: Name _____ Life Membership No. _____

(Signature of proposer) _____

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

Instrument (cheque or DD)/UTR/transaction no. _____ Dated: _____

Bank & Branch _____ Received on [Office use] _____

- Membership fee: **2500.00 INR** [One time]
- **Attach Copy of Degree & Registration**
- Life Associate Members (LAM): do not reside/work in Rajasthan/ occasionally visit or work in Rajasthan
- Life Members (LM): residing and working in Rajasthan.

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 LM/LAM No.: _____ Signature of Office Bearer _____