



INDIAN ASSOCIATION OF PROSTHETIST & ORTHOTIST

(Registered in 1987 under society act XXI of (1860) Regd. No. S/18473)

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S.NO: - _____ I.D. NUMBER: - _____
FOR OFFICE USE ONLY

MEMBERSHIP FORM

RECENT PASS PORT
PHOTO ATTESTED BY(G.O.)

DATE: - _____

1. LIFE MEMBER

2. STUDENT MEMBER

NAME (CAPITAL LETTER): -Mr./Ms./Mrs. _____

DATE OF BIRTH: - _____

MAILING ADDRESS: - _____

PIN NO: - _____

PHONE (WITH CODE): - _____ E-MAIL* :- _____

PERMANENT ADDRESS: - _____

PINCODE: - _____

PHONE (WITH CODE): - _____ FAX NO:- _____

PROFESSIONAL QUALIFICATION : - _____

INSTITUTION FROM WHERE QUALIFIED: - _____

DESIGNATION (IF EMPLOYED): - _____

NAME OF FIRM: - _____

OFFICE ADDRESS: - _____

PINCODE: - _____

PHONE (WITH CODE): - _____ FAX NO:- _____

MEMBER (ANY OTHER ASSOCIATION): - _____

I have read the terms and conditions (see overleaf) of the association to become the member and shall abide by them and follow the instructions issued time to time.

I am enclosing herewith a Cash/Cheque/Bank draft drawn in favour of "INDIAN ASSOCIATION OF PROSTHETIST AND ORTHOTIST"

BANK NAME:- _____
BANK DRAFT/CHEQUE NO:- _____
DATED: - _____ RS: - _____

(SIGNATURE)

P.T.O.