

ASSOCIATION OF ORTHOPAEDIC
TRAUMA SURGEONS
Membership Form



Association of
Orthopaedic
Trauma
Surgeons

Photo

● Personal Information

Name (in block letters)

Residential Address (in block letters)

City State Pin Code

Sex M F Date of Birth

● Correspondence Details

Address

City State Pin Code

Telephone Mobile

WhatsApp No. E-mail Id

● Qualifications (starting from the last)

	Degree(s) Obtained	Affiliation	Year of Passing
1			
2			
3			
4			

● Registration No. _____ State (in which registered) _____

● Are you member of any other Society(ies)? If yes, furnish details _____

● Proposed by _____ Signature _____

● Seconded by _____ Signature _____

● Payment Details

Amount INR 5000/- _____ Date _____

Declaration

I hereby declare that the above details are correct. I wish to be a Life Member of AOTS. I have carefully read the instructions overleaf. I shall abide by the Rules, Regulations & Bye-Laws of the Society as in force and any subsequent amendment(s) made from time to time.

Signature of Applicant _____ Date _____

INSTRUCTIONS

- The Society reserves all rights to accept or reject any application to be proposed and seconded by ratified Life Members only. No application form will be accepted unless it is complete in all respects.
- The **Membership Fee of INR 5000** should be sent along with this form, duly filled and signed. In case of non-acceptance of the application, the amount will be refunded.
- We accept cash only.
- Following documents should be annexed: Photocopy of Medical Registration, Photo Identity and Address Proof.

Address for sending your application

AOTS Secretariat
c/o RUEDA
DL - 220, Salt Lake,
Sec - II, Kolkata - 700091
Ph. No.: 033 4001 5677 (L)
Mobile No: 8335897369