



Paediatric Orthopaedic Society Of India

Membership Application Form
(to be filled in 'all CAPITALS' please)

I wish to apply for membership to POSI as a Life Member / Associate Member
(Please strike out what is not applicable)

Attach
Passport
size photo
here

Last Name..... First Name

Date of Birth (DD/MM/YYYY)..... Sex

Address for correspondence

.....

City Pincode State.....

Institution

Hospital Address

Residence Phone No..... Clinic Phone No.....

(Please add country & area code before landline number e.g. +91 22.....)

Mobile Email

Fax No..... Website

Qualifications (Degree / Diploma, University, Year of passing)

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Registration (Number, Name of State Medical Council, Year of Registration)

(Please attach attested photocopies of recognized PG Degree / Diploma certificate & Medical Council Registration certificate)

Details of Specialized training in Paediatric Orthopaedics

Type of Training	Period of Training	Institution
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List of publications & presentations in Paediatric Orthopaedics (Please attach a separate sheet with your application)

I am enclosing payment of Rs by at cheque / Demand draft No

Drawn on Bank in favour of 'Paediatric Orthopaedic Society of India' payable at Mumbai

Proposed by (Name, signature & LM number of two Life Members of POSI)

1.

2.

Eligibility of membership

1. Life Member : MS / DNB in Orthopaedics + 5 years experience after degree; Fees are Rs. 3000.
2. Associate Member : All others can become associate members. Fees are Rs. 2000. An Associate Member can request to be updated to Life Member upon fulfillment of criteria.
3. Membership application closes on 31st December every year. Membership is subject to ratification at subsequent AGM.

Please send duly completed application form, cheque / DD and certificate copies to :

DR. ALARIC AROOJIS

Secretary, Paediatric Orthopaedic Society of India
Kokilaben Dhirubhai Ambani Hospital, Centre for Bone & Joint, Four Bungalows, Andheri (W),
Mumbai - 400 053, Maharashtra, INDIA.

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