

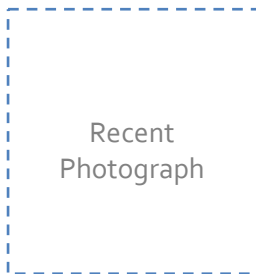


WEST BENGAL ARTHROPLASTY SOCIETY [WBAS]

MEMBERSHIP APPLICATION FORM

| | | |
|---|---------------|---|
| Name: | Age: | Gender: <input type="checkbox"/> M / <input type="checkbox"/> F |
| Address: | | |
| Mobile: | WhatsApp No.: | |
| E-Mail: | Landline: | |
| Qualifications : [With Year] | | |
| Current Position: | | |
| Other Professional Memberships: | | |
| Experience in Arthroplasty: (Give Details such as duration and no. of cases) <ul style="list-style-type: none">• As Surgeon:• As Assistant:• As Observer:• Fellowship: | | |
| Attachments*: <input type="checkbox"/> CV <input type="checkbox"/> One Passport Size photo <input type="checkbox"/> Medical council registration <input type="checkbox"/> Latest qualification certificates | | |
| *You can also send the attachments to wbashelpine@gmail.com | | |

I _____ shall abide by and follow all rules & regulations of WBAS and will always work in the interest of the society. The information provided above is true to my knowledge.



SIGNATURE: _____

DATE: _____

A one-time life membership fees of rupees 5000/- (rupees five thousand only) to be paid by Cheque / DD in favour of 'West Bengal Arthroplasty Society' payable at Kolkata.

Details of cheque / dd attached :

Cheque /DD No. _____ Date: _____ Drawn on (Bank): _____

*** Please read carefully the rules and regulations for membership on www.wbas.in ***

Send the completed form to :

WBAS, C/o West Bengal Orthopaedic Association,
102/3A, Dr. Suresh Chandra Banerjee Road (Belegkata Main Road), First Floor, Kolkata 700010.
Ph: 033-23720540 , E-mail: wbashelpine@gmail.com

Terms and Conditions

1. Application form must be filled completely and send to the WBAS office with the prescribed fees.
2. Please pay the fees by Cheque or Demand draft only. Cash will not be accepted.
3. Membership is subject to ratification during general body meeting.
4. Membership fee is non-refundable and is subject to change without notice.
5. Members have a right to vote during the GBM.
6. All members must abide by the rules and regulations of WBAS.
7. WBAS has the right to suspend or cancel membership of a member in exceptional circumstances.
8. Applicant must be a practicing orthopaedic surgeon with deep interest in the field of arthroplasty.
9. Applicant must be registered with MCI.
10. WBAS reserves all rights and in any dispute the decision of WBAS shall be final and abiding.
11. Please send all enquires to wbashelpine@gmail.com