



**Indian Arthroplasty Association**

*Everything about Joints*

**APPLICATION PROFORMA FOR MEMBERSHIP**

(ALL FIELDS TO BE FILLED IN CAPITALS)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

Residential Address: (Detailed with PIN CODE please) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address for correspondence: (Detailed with PIN CODE please) \_\_\_\_\_

\_\_\_\_\_

*Please add COUNTRY & AREA CODE before telephone numbers:*

Res. Phone: \_\_\_\_\_ Resi. Fax: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Qualification: (Degree/Diploma/University & year of passing) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Registration: (Number, Name of Medical Council & year of Registration) \_\_\_\_\_

\_\_\_\_\_

Membership of Other Orthopaedic Organizations, with Registration No.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinical Attachments: (Name, Address & Tel. No. of Institutions): \_\_\_\_\_

Publications in the field of Arthroplasty in reputed / recognized journals (if any)

Arthroplasty Experience for \_\_\_\_\_ years

Name & Addresses of 2 references: **(should be members of IAA)** and /or their letter of recommendation.

I know Dr. \_\_\_\_\_ of \_\_\_\_\_. He has been working in field of Arthroplasty.

**Forwarded by:**

**Seconded by:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:**

1. Experience in Arthroplasty is essential (with documentary proof)
2. Please send the form after getting it, signed by two IAA members .
3. Please enclose two self addressed, stamped envelopes for reply. Email id is mandatory

**I am enclosing herewith a demand draft/cheque of Rs.10,000/- (Rs Ten thousand only) in favour of Indian Arthroplasty Association, payable at Chandigarh of \_\_\_\_\_ bank, dated \_\_\_\_\_ for my membership. *My membership will be confirmed on realization of DD, receipt of completed form with proof of qualification, bio-data and letter of recommendation.***

**I agree to abide by the rules and regulation of the IAA, if I am elected as a member. I realize that the membership is subject to the discretion of the selection committee. I also verify that the contents of this application are correct to the best of my knowledge.**

Place:

Signature of Applicant

SECRETARIAT

Prof. Sameer Aggrwal,  
Department of Orthopaedics,  
PGIMER, Chandigarh.

Email: [indianarthroplasty@gmail.com](mailto:indianarthroplasty@gmail.com), [drsameer35@yahoo.co.in](mailto:drsameer35@yahoo.co.in)