

**LIFE MEMBERSHIP FORM-GERIATRIC  
ORTHOPEDIC SOCIETY OF INDIA**

Dear Sir,

I wish to apply for the LIFE MEMBERSHIP OF Geriatric  
Orthopedic Society Of India

1) Name(In BlockLetters): \_\_\_\_\_

\_\_\_\_\_ 2) Age : \_\_\_\_\_ 3) Qualification and

Year of Passing \_\_\_\_\_ 4) Type of practice

Government/Private/Institutions: \_\_\_\_\_

5)Permanent Address: \_\_\_\_\_

6) Phone

:LandLine: \_\_\_\_\_ Mobile: \_\_\_\_\_

7)Email Id \_\_\_\_\_

Proposed By: \_\_\_\_\_

Signature: \_\_\_\_\_

seconded By: \_\_\_\_\_

Signature: \_\_\_\_\_

*(Please fill the Membership application and make a Demand  
draft/Cheque of Rs.3000 (Rupees Three Thousand only) in favor of  
"Geriatric Orthopedic Society" payable at Bangalore and send it to  
the below mentioned address along with: Certified copy of the PG  
degree/diploma Certified copy of the Medical Council Registration)*

Direct NEFT - Transfers may also be made to the  
following account:

**Account Name: GOS , Bank: Andhra Bank, Branch:**

**Bilekahalli, Bannerghatta Road**

**Account No: 119610100003730**

**IFSC Code: ANDB 000 1196**

**Contact Adress:** Dr John Ebnezar, Founder President Geriatric  
Orthopedic Society Of India

Working Office: Parimala Health Care Services, Bilekahalli,  
Bannerghatta Road,

Bangalore -560076. Karnataka, India Phone: 080 - 26581231

**FOR OFFICE USE ONLY:**

Date of receipt of the application:

Registration Number:

Authorized signatory