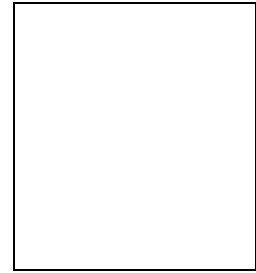


**DECLARATION OF FOREIGN LIFE MEMBER OF
INDIAN ORTHOPAEDIC ASSOCIATION (IOA)**

(To be submitted by the Foreign Life Members of IOA)



Photograph

1. LM Number:
2. Name of the Member:- First Name:
 Middle Name:
 Last Name:
3. Nationality:
4. Date of Birth:
5. Father's Name:
6. Permanent Address:
7. Present Address:
8. Post Graduate Degree/ Diploma and year of passing:
9. Institution/ College Name and Location (State):
10. National Medical Council Registration number:
11. Name and Registration number of other Counsels
with which registered:
12. Mobile Number:
13. Passport Details:- Passport Number:
 Date of Issuance:
 Valid Up to:
 Issued by (Name of Country):
14. Email Address:

I hereby declare that all the particulars of this declaration are true and correct to my knowledge.

Signature of the Member

Note:

1. The Foreign Life members who submit their declaration and whose credentials have been verified, shall only be entitled to contest and cast vote in the forthcoming elections.
2. The Foreign Life members shall scan and send this original form to the email of IOA at ioaforeignlifemember@gmail.com along with the following documents
 - a. Front and last page of the Passport
 - b. Graduate and Post-Graduate Degree/ Diploma of the Member