

**UNDERTAKING OF LIFE MEMBER OF
INDIAN ORTHOPAEDIC ASSOCIATION (IOA)**

(To be submitted by the Life Members of IOA whose status are 'not verified' or 'partially verified' to email address: ioamemberverification@in.ey.com before 24th June, 2024 - 11:59 PM)

PRESENT FORM NEEDS TO BE FILLED BY HAND AND ONLY IN CAPITAL LETTERS

1. LM Number: _____
2. Name of the Member:
First Name: _____
Middle Name: _____
Last Name: _____
3. Date of Birth: ____/____/____
4. Father's Name: _____
5. Permanent Address: _____

6. Present Address: _____

7. Post Graduate Degree/ Diploma & year of passing: _____

8. Institution/College/University name & location (State/City): _____

9. National Medical Council Registration Number : _____

10. State Medical Council Registration Number : _____

11. Aadhaar Number : _____
12. Mobile Number being presently used : _____
13. Mobile Number registered with Aadhar: _____
14. Email Address: _____

<p>PASTE LATEST PHOTOGRAPH</p> <p><u>Sign on the photograph after pasting it and half sign on the form and half sign on photo</u></p>
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I hereby declare and affirm that all the particulars stated above are true and correct to the best of my knowledge. In case any information is found to be false or incorrect, I shall be liable for action as IOA Constitution and as per law.

Signature of the Member

- The members requested to send following documents [***Clear Scanned Copy/ Photograph***] along with duly filled and signed undertaking:
 - Unmasked Aadhar Card
 - Post Graduate Degree/ Diploma
 - National Medical Council Registration/ State Medical Council Registration
- The above undertaking and the documents have to be sent to email ioamemberverification@in.ey.com before 24th June, 2024 - 11:59 PM.