

APPLICATION FORM FOR INSTRUCTIONAL COURSE

(TO BE FILLED IN 'ALL CAPITALS' PLEASE)

Course Applied For:

Last Name: First Name: Middle Name:

Date of Birth: Sex: Resi. Address: (Detailed with PIN CODE)

Clinic Address:

Please add Country and Area Code before telephone numbers: (Eg. +91 22...)

E-mail: (compulsory) Mobile: (compulsory)

Qualifications*: (Degree / Diploma; University & Year of Passing)

Present Position: (Name, Designation)

BOS Life Membership No. / Temp. Member No.: Non-Member:

BOS Courses attended in the past:

Use one form for one course

I am enclosing a Demand Draft or payable at par Cheque No. of Rs. in favour of

'BOMBAY ORTHOPAEDIC SOCIETY' payable at Mumbai, of Bank, dated

[] I have understood and accepted the terms and conditions, including rules for refund.

Signature of Applicant: Date:

Course details are available on www.bombayorth.in Registration & Payment can be done online at www.bombayorth.in

Selection criteria for instructional courses:

- Completed application form with payment in full.
- Separate forms or photo copy for each course if applying for multiple courses physically/Online applications for each course has to be applied for and paid for separately.
- BOS life members will be given first preference.
- Registration & Degree Certificate is mandatory.
- Attendance of previous BOS courses.



BOMBAY ORTHOPAEDIC SOCIETY

Please send duly filled form along with DD to

Dr. Ashish Phadnis, Hon. Secretary,

BOMBAY ORTHOPAEDIC SOCIETY

VAMA EVENTS PVT. LTD. Kohinoor Square Phase I, B Wing, Office No.1004, 10th Floor,
N. C. Kelkar Road, Shivaji Park, Dadar West, Mumbai - 400 028

Tel.: 022 35131930 / 31 / 32 / 33 / 022 46052832 | Email: secretary@bombayorth.com