



Shoulder and elbow society, India

Lifetime Membership form

Paste your passport size photograph

Please note: This membership form is for "lifetime membership" for orthopaedic surgeons (MS/DNB/D.ortho completed) who are practicing in India only. There is a separate form for those who are practicing outside India/those who are applying as an associate member (Postgraduates/Physiotherapist/Others)

Dear Sir,

I wish to join the "Shoulder & Elbow society" as a Life Member. I am enclosing herewith a demand draft for Rs. 5,000/- (Rs. Five thousand only) towards subscription in favour of "Shoulder & Elbow Society" payable at Chennai OR payment is done via ONLINE transfer to account mentioned below.

All entries in form are mandatory

First Name, Surname (Block letters)

Age: (Years) Gender: Male/Female Date of birth (DD/MM/YYYY):

Address:

City:

State..... Country: Pin code:

Mobile: Tel (office): Code..... Number.....

Email ID (should be readable):

Qualification:

Current appointment:

Nature of Shoulder, Elbow Practice: Arthroscopy / Trauma / Arthroplasty Years of practice:years

Work place: Medical college/Govt. Hospital/Private hospital/Own clinic

Medical Council Registration No. (Mandatory): State:

Proposer (SESI/IAS member):

If Payment is done via online, enter date, transaction number:.....

If payment is sent via DD, enter details of DD:.....

Signature: Date: Place:

Completed form and DD should be mailed to the under mentioned address AND the scanned form should be mailed to the email address below with copy of e-transaction. Incomplete form will be rejected and person will be notified by mail and phone.

Application and DD:

Dr KR Prathap Kumar
120 BMRA Balakrishna Menon road
Edappally
Kochi 24
Kerala 682024
[Email : pratkumar@hotmail.com](mailto:pratkumar@hotmail.com)

Account name: 'SHOULDER & ELBOW SOCIETY'
Bank: Axis Bank Ltd
Account No: 912010063922447
IFSC code: UTIB0001877
Address: Prabhat Road, P Pune MH, Pune, 411004