MEMBERSHIP APPLICATION

Sl.no.



ALUMNI ASSOCIATION OF NATIONAL INSTITUTE FOR THE ORTHOPAEDICALLY HANDICAPPED

B. T. Road, Bonhoogly, Kolkata - 700090

(Registered under Society of Registration Act, West Bengal Act XXVI of 1961 Act, No. S/1L/81037 of 2011 - 12)

Dear Secretary/President,

I the undersigned intend to have the membership of your esteemed concern voluntarily. Hope you will accept my candidature and obliged. My particulars are attached here with as a ready reference.

Thanking you in anticipation.

Date : Place:	Yours Sincerely
Enclosures: (Please tick)	

Degree/Diploma certificate or
Final year mark sheet and

3. Demand Draft/NEFT/RTGS transaction receipt (Mandatory).



Life Membership Form

ALUMNI ASSOCIATION OF NATIONAL INSTITUTE FOR THE ORTHOPAEDICALLY HANDICAPPED B. T. Pand, Rophondly, Kalkata, 700000

Please stick your recent pass-port Size photographs

Association of NIOH	gistered under S Act XXVI of	Size photographs			
Membership No.	(Office use or	nly)			
NAME (In Block Letters)					
DATE OF BIRTH	DATE		MONTH		YEAR
DEGREE OBTAINED FROM NIOH	BPO/MPO	BPT/MPT	BOT/MOT	/MOT PGDDRM/DNB/NURSING/OTHERS	
YEAR OF PASSING					
ADDITIONAL DEGREE / SPECIALISATION					
RESIDENTIAL ADDRESS		PRESENT			PERMANENT
PHONE/MOBILE			-		
FAX					
EMAIL					
OFFICIAL ADDRESS					
DESIGNATION					
DEPARTMENT					
POSTAL ADDRESS					
MARITAL STATUS	UNMARRIE	ED			
THE RESERVE AND ASSESSED.	MARRIED				
FAMILY (OPTIONAL)	NAME OF SI	POUSE	14.1		WILLIAM CONT.
	NO.OF CHIL	DREN	Male		Female
PLEASE SEND THIS TO: The B. T. Road, Bonhoogly, Kolkata					
Membership Registration Fee ASSOCIATION OF NATIONAL Current Account No: 319402710 Online Transaction Reference LIFE MEMBERSHIP FEES DONATION	L INSTITUTE FC 518 IFSC: 5 No: : i) Rs. 50	OR THE ORT SBIN0030468 0/- (Upto 2 : 00/- (After 2 :	HOPAEDICAL	LY HANDIC	APPED"Payable at Kolkata
Place:		Date :			Signature