



ORTHOTICS & PROSTHETICS ASSOCIATION OF INDIA

Membership Form

Membership No:1979 2009 001_____

Receipt No. _____ For Office Use Only

Name: _____

Father's Name: _____

Date of Birth: _____ Age : _____ Sex: Male / Female

Professional Qualification: _____

Name of the Institute _____

Year of Passing: _____ RCI Regd No. _____ Experience: _____ Years

Office Address: _____

District _____ State: _____ Pin Code: _____

Telephone No with STD Code. _____ Fax No. _____

Permanent Address: _____

District _____ State: _____ Pin Code: _____

Telephone No with STD Code. _____ Fax No. _____

Mobile No. _____ Email Id: _____

Please tick the address of Correspondence: Office Address: Permanent Address:

DD No. _____ DD Date _____ Bank _____

I hereby declare that all the statement made by me is true and correct.

Date of Application _____

Signature of applicant

Application Recommended by OPAI member: _____

Signature: _____

Approved BY: _____ (Office Use Only)

Please enclose two copies of passport size photographs and photocopy of professional qualification with internship certificate along with a Demand Draft of Rs.5000.00 in favour of ORTHOTICS & PROSTHETICS ASSOCIATION OF INDIA payable at New Delhi. **For NEFT OPAI Account No. 0000034422885038, State Bank of India, Current Account, IFSC Code:SBIN0001537**
Kindly send the form to the following address given below:

Aratatan Patra,
Secretary-OPAI
Flat No.9, Third Floor,
70, Bidhan Park,
Kolkata-700090, West Bengal
Tel: 9433120016
Email: atpatra@gmail.com