



# ORTHOTICS & PROSTHETICS ASSOCIATION OF INDIA

## Membership Form

Membership No: 1979 2009 001 \_\_\_\_\_

Fill up the Form in block letters. Only Physical form will be accepted

Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age : \_\_\_\_\_ Sex: Male / Female

Professional Qualification: \_\_\_\_\_

Name of the Institute \_\_\_\_\_

Year of Passing: \_\_\_\_\_ RCI CRR No. \_\_\_\_\_ Experience: \_\_\_\_\_ Years

Office Address: \_\_\_\_\_

District \_\_\_\_\_ State: \_\_\_\_\_ Pin Code: \_\_\_\_\_

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./UTR No. \_\_\_\_\_ DD Date/NEFT Date: \_\_\_\_\_ Bank \_\_\_\_\_

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

Signature of applicant

Date of Application \_\_\_\_\_

Name of the OPAI member recommended the applicant: \_\_\_\_\_

Membership No. \_\_\_\_\_ Signature of the member recommended the applicant : \_\_\_\_\_

Approved BY: \_\_\_\_\_ (Office Use Only)

Please affix one recent Passport Size Photo graph in the form and enclose one copy of passport size photograph and photocopy of professional qualification with internship certificate along with proof of payment or a Demand Draft of Rs.5000.00 in favour of ORTHOTICS & PROSTHETICS ASSOCIATION OF INDIA payable at New Delhi. For NEFT OPAI Account No. 00000034422885038, State Bank of India, Current Account, IFSC Code:SBIN0001537.

Eligibility for OPAI Membership: Diploma in Prosthetics and Orthotics completed before 31st December 2010, Bachelor in Prosthetics and Orthotics, Master in Prosthetics and Orthotics. For Details: [www.opai.org.in](http://www.opai.org.in)

Kindly send the form along with required enclosures to:

Dr. Aratran Patra  
Secretary-OPAI  
70, Bidhan Park, Flat No.9, Kolkata-700090