BOMBAY SPINE SOCIETY

Membership Application Form



Founded: April 2016

Stick Recent Passport size Photograph

Please fill form in CAPITALS ONLY

Last Name:	First Name:	Middle Name:	
Date of Birth:	Age:	Sex:	Blood Group:
Email Address:		Mobile No:	
Residential Address:			
		Residential Pho	one No:
Clinic Address:			
		Clinic Phone N	0:
Qualifications:			
Spine training:			
1			
2			
3			
Registration (Number, Year,	Name of Medical Council	l):	

Clinical Attachments (Name of Institution, Position, Phone	No.):
1	
2	
Name of Spouse:	Date of Birth:
Name of Children with Date of Birth:	
1	
2	
3	
Recommended by at least 2 life members (Names & Mem	bership No):
1	
2	
I am enclosing herewith a Demand Draft No	of Rs. 10,000/- (Indian Rupees Ten
Thousand Only) in favour of 'Bombay Spine Society', p	payable at Mumbai, of
	Bank, dated for
my Life / Associate membership of the BSC. My membe	rship will be confirmed on realization of
D.D., receipt of completed form with proof* of qualification	ation and registration. It will be subject to
ratification by the General Body of the BSC.	
Please send duly filled form to:	
Vama Events Pvt. Ltd.	
Kohinoor Square, Phase 1, B Wing, Office No.1004,	
Floor, N.C. Kelkar Road, Shivaji Park, Dadar West Sl	nivaji
Park, Mumbai 400 016, Maharashtra, India.	

Please email filled from to: bss.secretary9@gmail.com

IMPORTANT NOTICE:

Ph: +91-22-46052832

- Please attach photocopies of MS (Orth) / D. Orth pass certificate, Medical Council Registration certificates & 2 passport sized pictures along with this form.
- Signature of 2 Life Members along with their membership number is mandatory. Otherwise you will Not be considered for membership