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**PAEDIATRIC ORTHOPAEDIC SOCIETY OF INDIA
MEMBERSHIP APPLICATION FORM**

I wish to apply for membership to the Paediatric Orthopaedic Society of India as a Life Member / Member / Associate Member.
(Please strike out what is not applicable)

1. NAME

Last Name First Name Middle Name

2. PROFESSIONAL ADDRESS (With Pin Code)

Telephone No.

Fax No.

3. RESIDENTIAL ADDRESS (With Pin Code)

Telephone No.

Fax No.

4. DATE OF BIRTH

Date Month Year

5. EDUCATIONAL QUALIFICATIONS

a) UNDER GRADUATE

DEGREE YEAR INSTITUTION / UNIVERSITY

b) POST GRADUATE

DEGREE YEAR INSTITUTION / UNIVERSITY

6. DETAILS OF SPECIALISED TRAINING IN PAEDIATRIC ORTHOPAEDICS

DEGREE / DIPLOMA / FELLOWSHIP	PERIOD OF TRAINING FROM TO Date/Month/Yr. Date/Month/Yr.	INSTITUTION WHERE TRAINING WAS OBTAINED
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7. DETAILS OF HIGHER TRAINING IN SPECIFIC AREAS OF PAEDIATRIC ORTHOPAEDICS (eg : Cerebral Palsy, Scoliosis, Limb lengthening etc.)

TRAINING COURSE	PERIOD OF TRAINING FROM TO Date/Month/Yr. Date/Month/Yr.	INSTITUTION WHERE TRAINING WAS OBTAINED
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8. PRESENT HOSPITAL APPOINTMENTS

9. PRESENT TEACHING AFFILIATIONS (ACADEMIC APPOINTMENTS)

10. COMPLETE LIST OF ALL PUBLICATIONS IN THE FIELD OF PAEDIATRIC ORTHOPAEDICS (Please give full title of paper / names & initials of all authors as in the publication / journal / volume / pages & year of publication. Only include articles already published ie. omit those in press and under consideration by a journal.)

ELIGIBILITY CRITERIA

1. One must be interested to practice and promote pediatric Orthopedics
2. **Full membership:** MS/DNB 5 years experience after masters degree + DD for Rs 3000 in favor of "Pediatric orthopedics society of India", payable at Bhimavaram
3. **Associate membership:** All others can become associate members. The fees is Rs 2000.
4. An associate member can be updated to full member as soon as he fulfills the criteria.

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