



# ORTHOTICS & PROSTHETICS ASSOCIATION OF INDIA

## Life Membership Form

Membership No:1979 2009 0001 \_\_\_\_\_

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

Name: _____	Affix One recent Passport Size Photo graph
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: Bachelor in Prosthetics and Orthotics, Master in Prosthetics and Orthotics. For Details: [www.opai.org.in](http://www.opai.org.in) / Further information: [opaimembership@gmail.com](mailto:opaimembership@gmail.com)

Kindly send the form along with required enclosures to: Dr. Aratran Patra(P&O)  
Chairman, Membership Committee-OPAI  
70, Bidhan Park, Flat No.9, Kolkata-700090  
<https://forms.gle/xPJocyAmPx4TYcN9>(Mandatory)