



# ORTHOTICS & PROSTHETICS ASSOCIATION OF INDIA

## Institution Membership Form

Membership No: IMOPAI2024\_\_\_\_\_

Fill up the Form in block letters.

Name of the Organization/Company/Clinic: \_\_\_\_\_

Date of Incorporation/Establishment: \_\_\_\_\_

Registration No. \_\_\_\_\_

Registered under \_\_\_\_\_ Act

PAN No. \_\_\_\_\_ TIN No. \_\_\_\_\_

GST NO. \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Registered Address: \_\_\_\_\_

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

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

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

Telephone No with STD Code. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mobile No. \_\_\_\_\_ Email Id: \_\_\_\_\_

Please tick the address of Correspondence: Office Address:  Registered 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 Organization \_\_\_\_\_

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

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

Institution Membership Fees of ₹30000.00 may be paid to ORTHOTICS & PROSTHETICS ASSOCIATION OF INDIA payable at New Delhi. For NEFT OPAI Account No. 00000034422885038, State Bank of India, Current Account, IFSC Code: SBIN0001537.

Further information: [opaimembership@gmail.com](mailto:opaimembership@gmail.com)

Kindly send the form to:

Aratatan Patra(P&O)  
Chairman, Membership Committee-OPAI  
70, Bidhan Park, Flat No.9, Kolkata-700090