

ORTHOTICS AND PROSTHETICS ASSOCIATION OF INDIA

Student Membership Form

	For Office Use only		
Name:			
Father's Name:			
Date of Birth:Sex:	: Male / Female(Please √ mark)		
Course of Study:BPO/MPO(Please $\sqrt{\text{mark}}$),			
Year of Admission:Year of	Study: I/II/III/IV(Please √ mark)	Paste Passport Size	
Name of the Institute:		Photograph	
Address of Correspondence:			
Distr	rict		
State: Pin_			
Mobile NoEmail Id:_			
Paid ₹ 400.00 (Rupees Four hundred only) to	wards student membership by C	Cash/DD/NEFT($$)	
D No./UTR NoDD/ NEFT Date:Bank:			
Association except voting rights. I hereby declare that all the statement made a conditions mentioned for student's members	ship.	d with the terms and	
Date of Application		no or apprount	
Name of the OPAI member recommended the	e applicant:		
Membership No.	 		
Signature of the member recommended the	applicant :		
Approved By:D	ate of Approval	_ (Office Use Only)	
Submit the Membership application form ald payment or a Demand Draft of ₹.400.00(PROSTHETICS ASSOCIATION OF INDIA pa 00000034422885038, State Bank of India, Cur	Four hundred only) in favour ayable at New Delhi. For NEFT	of ORTHOTICS & OPAI Account No.	
Eligibility for OPAI Student Membership: BP6 Students Members Need to Submit the hard Google Link for Student Membership:		m also:	
https://forms.gle/7uvZQy1B4uqrr5qW8			

For Details: www,opai.org.in

Address for Submission of Membership Form:

Aratatran Patra

Chairman Membership Committee-OPAI 70, Bidhan Park, Flat No.9, Kolkata-700090