



International Society for Knowledge for Surgeons
on Arthroscopy and Arthroplasty

Membership Form

Personal Details

Name * _____

Current Address _____

Date of Birth* _____ City _____ State* _____

Country * _____ Pin Code _____ Mobile* _____

Telephone _____ Email * _____

Permanent Address (Enter permanent address with City, State, Pin/Zip, Country in the below field)

Educational Qualification(s)

S.no	Qualification	Year and Institution
1		
2		
3		
4		

Medical Council Reg. No _____ Place _____

Hospital Affiliation _____

Present Appointment _____

Proposed By _____ ISKSAA Membership No _____

Seconded By _____ ISKSAA Membership No _____

(* Mandatory Fields)



ISKSAA International Society for Knowledge for Surgeons
on Arthroscopy and Arthroplasty

Fee Details

1. Indian National : Rs 8000/-

2. International: \$180

Payment Methods

1. **Cash Payment** : You may pay cash along with this form at the ISKSAA Secretariat .

2. **Cheque/Draft** : Cheque/Draft must be in the name of "ISKSAA" payable at New Delhi.

Cheque / Draft No _____ Dated _____

Bank _____

(Please send the filled form along with the Cheque / Draft to the ISKSAA Secretariat)

3. Bank Transfer

You may send the filled form to the secretariat address after doing a wire transfer to the account details given below. Wire Transfer RTGS / Acknowledgement No _____

Bank Details

Bank Name	Federal Bank
Account Name	ISKSAA
Account No	19110100004536
Address	S - 21 Opp Uphaar Cinema, Green Park Extension, New Delhi-110016.
For transfer within India	IFSC / NEFT No FDRL0001911

4. Online Payment

Online payment facility is available on www.ISKSAA.com. Online charges are applicable

For any queries, please contact,

ISKSAA SECRETARIAT

Dr Pushpinder Bajaj

ISKSAA PRESIDENT

BAJAJ SPECIALIST CLINICS

B-7/5, SAFDARJUNG ENCLAVE, NEW DELHI -110029, INDIA

TEL: +91-11-41057555 / 41057556 / 41057557 MOBILE: +91-9811056525

EMAIL: psbajaj@hotmail.com / drpsbajaj@gmail.com / isksaapresident@gmail.com

www.ISKSAA.com