



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

## Fee Details

1. Indian National : Rs 6000/-

2. International: \$150

## 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](http://www.ISKSAA.com) . Online charges are applicable

For any queries, please contact,

### **ISKSAA SECRETARIAT**

**Dr Pushpinder Bajaj**

ISKSAA PRESIDENT

BAJAJ SPECIALIST CLINICS

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[www.ISKSAA.com](http://www.ISKSAA.com)