



Pakistan Orthopaedic Association (POA)

Committee Membership Form

Applicant Information		
Name:		Photo
Designation:		
Hospital / Clinic :		
Cell:		Email:
POA #:	Status:	NIC #:
Which committee (s) would you like to become a member of		
<input type="checkbox"/> Research and Education Committee	<input type="checkbox"/> Constitution and Bylaws Committee	<input type="checkbox"/> Disaster and Calamities Committee
<input type="checkbox"/> International Liaison Committee	<input type="checkbox"/> Press and Media Committee	<input type="checkbox"/> Standardization of Implants Committee
What are your interests relevant to the committee		

Please complete this form and email to pakistanorthopaedicassociation@gmail.com and mail to POA Office, Room # 2, PMA House Aga Khan III Road, Karachi Tel: 021 32294825 & Cell: 0332 3779085

What previous relevant experience do you have

As Member

Number of year:

As Chair:

Number of year

Applicant's Signature/s

Signature/s :Date:/...../.....

OFFICE USE ONLY

Date received

Received by: