



The Bone and Joint Decade 2000-2010

(Supported by World Health Organization)

Centre for Rheumatic Diseases, 11 Hermes Elegance, 1988 Convent St., Camp, Pune 411001. INDIA

Tel.: (+ 91 20) 26348291; 26348529 Fax: (+ 91 20) 26138980 Email: bjdindia@vsnl.net

India National Action Network

Support endorsed by "Ministry of Health & Family Welfare, Government of India" vide letter No. S. 11025/30/2000 – MH / 1H Dt. 18 April 2001.

Surname: _____ First name: _____ Middle name: _____

Address: _____

Village/City: _____ Taluka: _____ District: _____ State: _____ Pin: _____

Phone (Residence): _____ Office _____ Mobile _____

Fax: _____ E-mail: _____ Age: _____ Sex: Male / Female Date of Birth: _____

Qualifications: _____

Present Status _____

Research Experience _____

Publications (Provide copies of all publications) _____

Indicate Research Interest: RA OA Limb Trauma Spine disorder Osteoporosis

Other musculoskeletal articular diseases (if any) _____

Date _____

Applicant's Signature

PAYMENT DETAILS

Draft / Cheque Number _____ Amount _____ Date _____

Banks Name _____ City _____

OFFICE PURPOSE

Membership accepted _____ Membership Number allotted _____ Signature _____

Note: 1) Relevant additional sheets can be attached to this form.

2) Draft / Cheque for Rs. 500 / = (one time membership fees) may be sent favouring "BJD-INDIA: NAN", payable at Pune.