



# INDIAN ARTHROSCOPY SOCIETY

Application form for Annual Conference Meeting of 2020

Name of City:	<input type="text"/>
Organising Chairman	<input type="text"/>
Phone:	<input type="text"/>
E-Mail:	<input type="text"/>
Organising Secretary 1	<input type="text"/>
Phone:	<input type="text"/>
E-Mail:	<input type="text"/>
Organising Secretary 2	<input type="text"/>
Phone:	<input type="text"/>
E-Mail:	<input type="text"/>
Scientific Chairman:	<input type="text"/>
Team:	<input type="text"/>
Probable Date	<input type="text" value="/ /"/>
Probable Venue:	<input type="text"/>
Theme of Meeting	<input type="text"/>
Few points in favour of Bid 1	<input type="text"/>
Few points in favour of Bid 1	<input type="text"/>
Few points in favour of Bid 1	<input type="text"/>
Expected budget of meeting	<input type="text"/>
Provision for same	<input type="text"/>
Last IAS Conducted in your City	<input type="text"/>
Last Major Ortho conference Organized in your city	<input type="text"/>
Signed By	
Org. Chairman	<input type="text"/>
Org. Secretary 1	<input type="text"/>
Scientific Chairman	<input type="text"/>
Org. Secretary 2	<input type="text"/>

1. All fields are mandatory, if incomplete or wrong information will lead to applicant disqualification from the bid
2. Should be filled manually & should be in readable format
3. After completing the form, please scan the form and email it to Honorary Secretary Dr. Arumugam on [secretary@indianarthroscopy.co.in](mailto:secretary@indianarthroscopy.co.in) before 4<sup>th</sup> Oct 5 pm