

Women Ophthalmologists Society

LIFE MEMBERSHIP APPLICATION FORM



NAME
(In Block Letters)

Date of Birth Year of Entry in MBBS.....

FATHER'S/HUSBAND'S NAME

ADDRESS FOR CORRESPONDENCE.....

DISTRICT PIN CODE PHONE.....

Mobile Number (s).....

Email Id:.....

PRESENT OCCUPATION

Qualifications & Experience	Institution/University	Year
1.
2.
3.
4.

Registration No. & State in which registered

Proposed by Seconded by
Name - Name -

Membership No- Membership No-

Declaration by Candidate: I shall abide by the regulations of the society in force and any subsequent alterations made from time to time.

I am enclosing Band Draft /Multicity Cheque. No. Dated.....

Money Order / Cash/Draft/Cheque : (Rs 4000/-)

Dated..... Signature.....

Note:

- The society reserves all the rights to accept or reject the application.
- No reason will be given for any application rejected by the Society.
- No application for membership will be accepted unless it is completed in all details.
- For Life membership remit Rs. 2,000 in favor of "Women Ophthalmologists Society" Payable at " Noida" to Dr. Mohita Sharma (Mob 09599315001) Tirupati Eye Centre C-53C Sec-33 Noida, UP-201301

FOR OFFICE USE

The above application is in order. His/her application is to be put before the next Meeting of Executive / Committee/General Body.

Date:

Secretary/Treasurer
Women Ophthalmologists Society