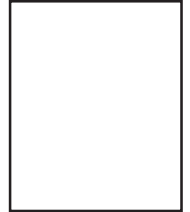


Delhi Ophthalmological Society



(LIFE MEMBERSHIP FORM)



Name (In Block Letters) _____

S/D/W/o _____ Date of Birth _____

Qualifications _____ Registration No. _____

Sub Speciality (if any) _____

ADDRESS

Clinic/Hospital/Practice _____

_____ Phone _____

Residence _____

_____ Phone _____

Correspondence _____

_____ Phone _____

Email _____ Mobile No. _____

Proposed by

Dr. _____ Membership No. _____ Signature _____

Seconded by

Dr. _____ Membership No. _____ Signature _____

[Must submit a photocopy of the MBBS/MD/DO & State Medical Council / MCI Certificate for our records.]

I agree to become a life member of the Delhi Ophthalmological Society and shall abide by the Rules and Regulations of the Society.

(Please Note : Life membership fee Rs. 3100/- payable by DD for outstation members. Local Cheques acceptable, payable to Delhi Ophthalmological Society)

Please find enclosed Rs. _____ in words _____ by Cash

Cheque/DD No. _____ Dated _____ Drawn on _____



*Signature of Applicant
with Date*



Three specimen signatures for I.D. Card.

FOR OFFICIAL USE ONLY

Dr. _____ has been admitted as Life Member of
the Delhi Ophthalmological Society by the General Body in their meeting held on _____

His/her membership No. is _____. Fee received by Cash/Cheque/DD No. _____ dated _____
drawn on _____.

(Secretary DOS)

INSTRUCTIONS

1. The Society reserve all rights to accepts or reject the application.
2. No reasons shall be given for any application rejected by the Society.
3. No application for membership will be accepted unless it is complete in all respects and accompanied by a Demand Draft of Rs. 3100/- in favour of "**Delhi Ophthalmological Society**" payable at New Delhi.
4. Every new member is entitled to receive Society's Bulletin (DOS Times) and Annual proceedings of the Society free.
5. Every new member will initially be admitted provisionally and shall be deemed to have become a full member only after formal ratification by the General Body and issue of Ratification order by the Society. Only then he or she will be eligible to vote, or apply for any Fellowship/Award, propose or contest for any election of the Society.
6. Application for the membership along with the Bank Draft for the membership fee should be addressed to Dr. Rohit Saxena, Secretary, Delhi Ophthalmological Society, Room No. 479, 4th Floor, Dr. Rajendra Prasad Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, Ansari Nagar, New Delhi - 110 029
7. Licence Size Coloured Photograph is to be pasted on the form in the space provided and two Stamp/ Licence Size Coloured photographs are required to be sent along with this form for issue of Laminated Photo Identity Card (to be issued only after the Membership ratification).
8. Applications for 'Delhi Life Member' should either reside or practice in Delhi. The proof of residence may be in the form Passport/Licence/Voters Identity Card/Ration Card/Electyricity Bill/MTNL (Landline) Telephone Bill.
9. Must submit a photocopy of the MBBS/MD/DO & State Medical Council / MCI Certificate for our records.