

Delhi Ophthalmological Society

(INTERNATIONAL LIFE MEMBERSHIP FORM) (IN BLOCK LETTERS)

Please Stick Your
Passport Size
Photograph

The Photo Identity Card will be issued
after your Membership is ratified by the
General Body during the next Annual DOS
Conference

Full Name _____

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

Qualifications _____ Registration No. of Medical Council _____

Sub Speciality (if any) _____

Gender Male Female

Mailing Address 1 2

ADDRESS

_____ City _____ State _____

Zip _____ Country _____ Phone _____

Email* _____ Mobile No. _____

Proposed by*

Dr. _____ Membership No. _____ Signature _____

Seconded by*

Dr. _____ Membership No. _____ Signature _____

Declaration: I hereby declare that the above details are correct. I wish to be International Life Member of Delhi Ophthalmological Society. I have carefully read the instruction overleaf. I shall abide by the Rules, Regulation & Bye-Laws of the Society (available on www.dosonline.org) as in force and any subsequent amendments(s) made from time to time.

Please find enclosed USD\$ _____ in Rupess _____ by Demand

Draft 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 USD\$. _____ dated _____

drawn on _____.

(Secretary DOS)

INSTRUCTIONS

1. The Society reserve all rights to accept or reject the application.
2. No reasons shall be given for any application rejected by the Society.
3. Every International member will have access to society's bulletin (DOS Times), quarterly Journal DJO (Delhi Journal of Ophthalmology) and scientific video of the society on website.
4. 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.
5. International Members will not be eligible to vote, or apply for any Fellowship / Award, propose or contest any election of the Society.
6. *Proposed & seconded by to be done by Executive Member of DOS for International Members.
7. Photo ID Card will be issued only after the membership is ratified by the General Body.
8. Documents to be attached with application form:
 - a. Copy of Degree (MBBS / MD / DNB)
 - b. Copy of Registration Certificate (Medical Council)
 - c. Copy of PAN Card
 - d. Copy of Passport
9. One Stamp size Coloured Photograph to be pasted on the Application Form and one stamp size coloured photograph to be attached with form for issue of Laminated Photo Identity Card.
10. Membership Fee: One Time Payment of Rs. 5,600/- equivalent USD\$
 1. Life membership fee Rs. 5,000/- equivalent USD (This money will be part of corpus of Society)
 2. Admission fee Rs. 600/- equivalent USD
11. The application form should be complete in all respects and accompanied by a DD of Rs. 5,600/- or equivalent USD in favour of "**Delhi Ophthalmological Society**" payable at **New Delhi**.

Dr. Subhash C. Dadeya

General Secretary

Delhi Ophthalmological Society

Room No. 205, 2nd Floor, OPD Block, Guru Nanak Eye Centre, Maharaja Ranjit Singh Marg, New Delhi - 110002