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THE RAJASTHAN OPHTHALMOLOGICAL SOCIETY

Reg. No. 1199/2009-10 Dated : 16th March, 2010

(Affiliated to All India Ophthalmological Society)

Membership Application Form

Name (in capital letter) : _____

Date of Birth : _____ Age _____

Address (in capital letter) _____

Telephone : Res. _____ Office _____ Mobile _____

E-mail : _____

Present Status : _____

Qualifications :

1. _____
2. _____
3. _____

Designation : _____

Registration No. & State in which registered : _____

Have you been a member of this Society before? Yes/No

If yes (Furnish details) : _____

Are you a Member of A.I.O.S. Yes/No Furnish details : _____

Proposed by (Name) _____ Seconded by (Name) _____

Membership No. _____ Membership No. _____

Signature

Signature

I wish to be a Life Member,

Declaration by Candidate : I declare that the above details are correct. I shall abide by the regulations of the Society in force and any subsequent amendments made from time to time.

I am enclosing Draft/Cheque No. _____ Date _____ Cash for `

Date :

Signature

FOR OFFICE USE ONLY

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

Dr Sandeep Vijay

Hon General Secretary

- (i) The society reserves the right to accept or reject the application.
- (ii) No reason shall be given for any application rejection by the society.
- (iii) No application for membership will be accepted unless it is complete in all respects, proposed and seconded by existing members of the R.O.S. and accompanied by a demand draft/ at par cheque / online transfer for Rs **3,000/-** for life membership. Amount must be issued in favour of **"Rajasthan Ophthalmological Society"** Jaipur.
- (iv) Please attach two recent photographs.
- (v) Every new member will be provisionally admitted initially and shall be deemed to have become a full member only after ratification by the General Body. After Ratification the member will be eligible to vote, propose or contest as per the rules of the society.
- (vi) Application for membership along with subscription should addressed to "Dr. Sandeep Vijay ,Hon. Gen. Secretary, Puru eye hospital, Lasik laser & Phaco surgery centre, 76/7 Opposite Dravyavati River front Garden, Shipra path, Mansarovar , Jaipur 302020