

BANGALORE OPHTHALMIC SOCIETY
(MEMBERSHIP FORM)

Name (In Block Letters) _____

S/D/W/o _____

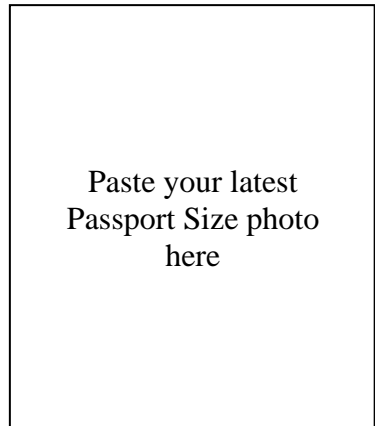
Date of Birth _____ Qualifications _____

Medical Council _____ Registration No. _____

Sub Specialty (if any) _____

Email id: (mandatory) _____

Mobile No.:(mandatory) _____



I. ADDRESS: Clinic/Hospital/Practice :

Door No. _____ Cross, _____ Main, Area _____

Stage _____, _____ Phase, Place: BANGALORE Pin _____ Phone _____

II. ADDRESS: Residence

Door No. _____ Cross, _____ Main, Area _____

Stage _____, _____ Phase, Place: BANGALORE Pin _____ Phone _____

III. ADDRESS: Correspondence

Door No. _____ Cross, _____ Main, Area _____

Stage _____, _____ Phase, Place _____, Pin _____

Phone _____

Proposed by

Dr. _____ Membership No. _____ Signature _____

Seconded by

Dr. _____ Membership No. _____ Signature _____

(Please Note: Life membership fee Rs. 1500/- (Rupees One Thousand Five Hundred only) + GST- Total Rs. **1770** (Rupees One thousand seven hundred and seventy only) by Demand Draft / Cheques, payable to Bangalore Ophthalmic Society)

Please find enclosed Rs. _____ in words _____

By Cash/Cheque/DD No. _____ Dated _____ Drawn on _____

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

Signature of Applicant

FOR OFFICE USE ONLY – APPLICANT NOT TO FILL
(Print on back side of the Application Form
DO NOT USE A SEPARATE SHEET)

Dr. _____ has been admitted as Life Member of the Bangalore Ophthalmic 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 BOS)

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 Cheque/ DD of Rs.1500/- + GST- Total Rs. **1770** (Rupees One thousand seven hundred and seventy only) in favor of “**Bangalore Ophthalmic Society**” payable at Bangalore.
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. Application for the membership along with the Bank Draft for the membership fee should be addressed to

BOS Secretariat,
Divakars Speciality Hospital,
No. 220, 9th Cross, JP Nagar, 2nd Phase, Bangalore 560078.
Mobile No. 9844046724.
Email: gdivakar@yahoo.co.in

6. Passport Size Colored Photograph is to be pasted on the form in the space provided and two Passport Size Colored 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).
7. Applications for ‘Bangalore Life Member’ should either reside or practice in Bangalore. The proof of residence may be in the form Passport/License/Voters Identity Card/Ration Card/Electricity Bill/BSNL (Landline) Telephone Bill