

**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) \_\_\_\_\_

Paste your latest  
Passport Size photo  
here

**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**

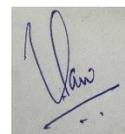
Door No. \_\_\_\_\_ Cross, \_\_\_\_\_ Main, Area \_\_\_\_\_

Stage \_\_\_\_\_, \_\_\_\_\_ Phase, Place \_\_\_\_\_, Pin \_\_\_\_\_

Phone \_\_\_\_\_

**Proposed by**

Dr. Vineeta Pai \_\_\_\_\_ Membership No. 554 Signature



Seconded by

Dr. Anuradha A \_\_\_\_\_ Membership No. 171 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/-
4. + GST- Total Rs. **1770** (Rupees One thousand seven hundred and seventy only) in favor of “**Bangalore Ophthalmic Society**” payable at Bangalore.
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.

<p><b>BOS Secretariat,</b> <b>Divakars Speciality Hospital,</b> <b>No. 220, 9<sup>th</sup> Cross, JP Nagar, 2<sup>nd</sup> Phase, Bangalore 560078.</b> <b>Mobile No. 9844046724.</b> <b>Email: gydivakar@yahoo.co.in</b></p>
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6. Application for the membership along with the Bank Draft for the membership fee should be addressed to
7. 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).
8. 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