

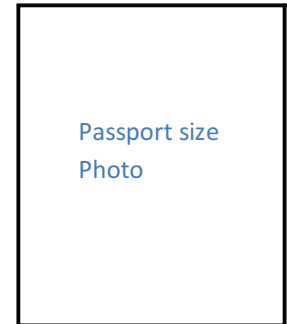


All India Ophthalmological Society
AIOS - Leadership Development Programme
Year 2015 –2016 Batch
Nomination Form

Last Date for Submission:
30th November 2014

Name: _____

Address: _____



Date of Birth: _____ AIOS Membership Number: _____

Mobile #: _____ E mail: _____ Fax #: _____

Number of conferences attended: AIOS ____ International ____

Number of Presentations: AIOS ____ International ____

Number of Publications: IJO ____ International ____

Number of meetings Organised: Local ____ State ____ National ____

All information provided by me is true. I accept the nomination and agree to abide by the terms and conditions of the Leadership Development Programme.

Signature of the Candidate

Proposer: (State Society President)

Name:
AIOS Membership #:
Address:

Secunder (State Society Secretary)

Name:
AIOS Membership #:
Address:

Signature:

Signature:

Please give one page summary of your nominee's curriculum vitae. Please be specific and thorough because the final candidature for AIOS Leadership Program will be selected based on the CV. When completed please e mail to chairmanarc@aios.org or send by post to Chairman AIOS – ARC to the following address:

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