

Receipt No..... Date..... Rs..... Membership No.....



## All India Ophthalmological Society Membership Form

[To be filled in capital Letters]

Current Membership Fee - Rs. 4900/  
[Filling of all Columns Essential]

Paste  
Photo

Name.....  
(Surname) (First Name)

Date of Birth.....

Address (correspondence) in block letters.....

City..... Pin Code..... State.....

Telephone..... Mobile..... Email ID:.....

### Qualifications:

Degree (Starting From Last)

University

Year of Passing

1.....  
2.....  
3.....

State in which Registered..... Registration No.....

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

If Yes, furnish details:.....

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 Life member. I have carefully read the instructions overleaf. I shall abide by the Rules, Regulation & Bye-Laws of the Society as in force and any subsequent amendment(s) made from time to time

I enclose Bank Draft No..... Dated..... Bank.....

for Rs..... (Rupees.....)

Date:.....

Signature of Applicant.....

For Laminated Photo Identity Card  
(Will be issued after ratification of Membership in the next AIOS Annual Conference)

Name:.....

Membership No. :.....

Specimen Signature

Of the applicant (in Black Ink)

1..... 2.....

## INSTRUCTIONS

1. The Society reserves all rights to accept or reject any application
2. **The Form should be filled completely in capital letters only**
3. To be proposed and seconded by Ratified Life Member only. No application form will be accepted unless it is complete in all respects. Proposed and Seconded by existing Member of the AIOS.
4. Every New Member is entitled to receive Society's Journal (Indian Journal of Ophthalmology) and Annual Proceedings of the Society free of charge provided subscription stands paid up to date.
5. Every new Member will initially be provisionally admitted 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
6. Payment should be made through Bank Draft only.
7. Documents to be attached with application form:
  1. Copy of Degree (MBBS / MD/DNB/etc.) Or Medical Council Certificate
  2. One Coloured Photograph to be pasted on the Application Form
  3. One Coloured photograph to be attached with form
  4. DD for Rs. 4,900/- in favour of "All India Ophthalmological Society" payable at Delhi / New Delhi.
8. In case of applicant living abroad depending upon the address, the Membership fee shall be payable in USD only
9. Address for sending Application:

**Dr. Lalit Verma**  
**Hony. General Secretary**  
Room No. 111 (OPD Block), 1st Floor,  
Dr. R.P. Centre, AIIMS, Ansari Nagar, New Delhi-110029 (India)  
Phone: 011- 26588327  
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