



CHANDIGARH OPHTHALMOLOGICAL SOCIETY (Regd.)

LIFE MEMBERSHIP APPLICATION FORM

NAME _____

In block letters, beginning with Surname

DESIGNATION / EXPERIENCE _____

DATE OF BIRTH _____ AGE _____ SEX _____ MARITAL STATUS _____

NAME & DATE OF BIRTH OF SPOUSE (optional) _____

MARRIAGE ANNIVERSARY (optional) _____

E-MAIL ID _____

CLINIC / OFFICE ADDRESS _____

MOBILE NO. _____ LANDLINE NO. _____

RESIDENTIAL ADDRESS _____

	QUALIFICATION	UNIVERSITY	YEAR
1	_____	_____	_____
2	_____	_____	_____

FIELD OF SPECIAL INTEREST _____

REGISTRATION No. STATE REGISTERED _____

PORPOSED BY _____

Name, Address and Membership No.

ACHIEVEMENTS

DISTINCTION

DECLARATION

I wish to be a member of Chandigarh Ophthalmological Society
I declare that above details are correct
I shall abide by the society rules in force and Subsequent amendments
I am enclosing Rs. 1,500.00 by

Cheque / Draft No. _____ Dt. _____

Signature

