



MEMBERSHIP APPLICATION FORM FOR M.P, STATE OPHTHALMIC SOCIETY

(Please fill all entries in BLOCK letters only)

Date ... ..

To.

The Hon. General Secretary,  
M.P State Ophthalmic Society.

Please ENROLL me as a LIFE Member of the M.P. STATE OPHTHALMIC SOCIETY. Please find enclosed herewith a Demand Draft of Rs. 1500/- (One thousand five hundred only)

D.D. No ..... .Date ..... Bank .....

D.D. in the name of "M.P STATE OPHTHALIMIC SOCIETY" payable at Gwalior, M.P.

Photo

SURNAME	NAME	FATHER'S/HUSBAND'S NAME

ADDRESS	
PRESENT:.....	PERMANENT:.....
.....	.....
.....	.....
City..... Pin Code:.....	City :.....
Phone STD Code.....	Pin Code:.....
Clinic :.....	Phone STD Code.....
Nursing Home:.....	Clinic:.....
Resi. : .....	Nursing Home:.....
Mob. No. ....	Resi. : .....
Email Id:.....	

QUALIFICATIONS		
	Year	University
M.B.B.S.		.....
D.O./D.O.M.S.		.....
M.S. (Ophth.)		.....
MCI Registration No.		Name of Medical Council.....

Signature of Applicant:

PROPOSED BY	SECONDED BY
Dr. ....	Dr. ....
Place .....	Place .....
MPSOS Life Membership No. :	MPSOS Life Membership No.
Signature of Proposer	Signature of Seconder

FOR OFFICE USE ONLY:

Membership No. Allotted :  
Date

Registered and Ratified as life member.

Hon. Gen. Secretary