



## Association of Community Ophthalmologists of India

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### Membership Application Form

Please fill in BLOCK CAPITALS

Affix Photo

Name in full \_\_\_\_\_

Date of birth \_\_\_\_\_

Communicating Address \_\_\_\_\_

Pin \_\_\_\_\_ Phone / Fax \_\_\_\_\_

Permanent Address \_\_\_\_\_

Pin \_\_\_\_\_ Phone / Fax \_\_\_\_\_

Office Address \_\_\_\_\_

Pin \_\_\_\_\_ Phone / Fax \_\_\_\_\_

Mobile Phone No. \_\_\_\_\_

E – Mail ID \_\_\_\_\_

AIOS Membership No. \_\_\_\_\_

Memb. of which State Ophth. Society & No. if known. \_\_\_\_\_

Medical Registration No. \_\_\_\_\_

Academic Records, Experiences and Awards:

Degree / Designation / Award	YEAR	Institution, City / Organisation

I am willing to join as Life Member in ACOIN

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Signature of the applicant

Date: \_\_\_\_\_

Please fill up the form. Attach Draft / Multicity Cheque of Rs. 4,000/- and send to the office address as mentioned above.  
You can also avail online registration and electronic payment facility through [www.acoinsite.org](http://www.acoinsite.org)