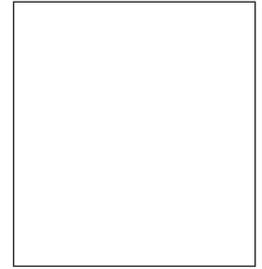




# All India Ophthalmological Society

## MEMBERSHIP APPLICATION



### PERSONAL INFORMATION

Surname \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Gender  Male  Female

Mobile \* \_\_\_\_\_ Phone \_\_\_\_\_

Email ID \* \_\_\_\_\_

### ADDRESS (RESIDENCE)

City \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

### ADDRESS (OFFICE)

City \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

### AIOS CORRESPONDENCE TO BE SENT ON :

Office  Residence

### QUALIFICATION \*

Degree(i.e. MBBS, MD) \_\_\_\_\_

University \_\_\_\_\_

Year of Passing \_\_\_\_\_

### SUB - SPECIALITY (i. e. Cataract, Refractive Surgery, Vitreo-Retina, Cornea etc)

\_\_\_\_\_

State in Which Registered \_\_\_\_\_ Registration No. \_\_\_\_\_

### PROPOSED BY

Name \_\_\_\_\_

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

Signature \_\_\_\_\_

### SECONDED BY

Name \_\_\_\_\_

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

Signature \_\_\_\_\_

**Declaration :** I hereby declare that all the above details are correct. I wish to be a Life member.I have carefully read the instructions. I shall abide by the Rules, Regulations & Bye-Laws of the Society as in force and any subsequent amendment(s) made from time to time.

### PAYMENT INFORMATION

Enclosed Bank Draft No. \_\_\_\_\_ Date \_\_\_\_\_

Bank Name \_\_\_\_\_

For Rs (Rupees) \_\_\_\_\_

### SPECIMEN SIGNATURE (OF THE APPLICANT, in Black Ink for AIOS ID Card)

Signature of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

## INSTRUCTIONS

- The Society reserves all rights to accept or reject any application
- The Form should be filled completely in capital letters only
- To be proposed and seconded by AIOS Ratified Life Member only. No application form will be accepted unless it is complete in all respects.
- Every New Member is entitled to receive Society's Journal (Indian Journal of Ophthalmology) and Annual Proceedings of the Society free of charge.
- 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
- Photo ID Card will be issued only after the membership is ratified by the MC / GB
- Payment should be made through Bank Draft only.
- Documents to be attached with application form:**
  - ◆ Copy of Degree (MBBS / MD/DNB/etc.) Or Medical Council Certificate ( Self Attested ).
  - ◆ Proof of Residence in India i.e. copy of Voter ID Card / Aadhar Card / Passport ( Self Attested ).
  - ◆ One Coloured Photograph to be pasted on the Application Form.
  - ◆ One Coloured photograph to be attached With form.
  - ◆ DD for Rs. 8300/- in favour of "All India Ophthalmological Society" payable at Delhi.
- In case of applicant living abroad depending upon the address, the Membership fee shall be payable in USD only.

### Address for sending Application form

**Prof. (Dr.) Namrata Sharma**

Hony. General Secretary

All India Ophthalmological Society, 8A,  
Karkardooma Institutional Area,  
Near DSSSB Building, Manglam Road,  
Karkardooma, Delhi - 110092 (India)



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