



# GURUGRAM OPHTHALMOLOGICAL SOCIETY (REGD)

## LIFE MEMBERSHIP FORM

(Please fill in BLOCK LETTERS)

### Personal Details

Name (In Block Letters)

S/O W/O  Date of Birth  Qualifications

Registration No

Year of Passing MBBS  Year of Passing MS/DO

Sub Specialty (if any)

Would like to speak in the meetings

If yes, state the topic of interest

Name of Sponsor  Date of Birth  Qualifications

Date of Marriage  Addresses

Clinic/ Hospital (Practice)

Phone.  Residence

Phone  Mobile

### CONSENT

I agree to become a life member of Gurugram Ophthalmological Society and shall abide by the Rules and Regulations of the Society.

Signature of the Applicant

Dr.  has been admitted as Life Member of the Gurugram Ophthalmological Society.

Received Rupees

On account of Life membership on