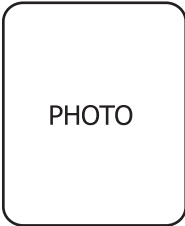




MEMBERSHIP APPLICATION FORM FOR M.P. STATE OPHTHALMIC SOCIETY
(Please fill all entries in BLOCK letters only)

To: _____ Date
 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. 5000/- + GST (Five Thousand only + GST)



D.D. No. **Date :** **Bank**

D.D. in the favor of "M.P STATE OPHTHALMIC SOCIETY" payable at

PERSONAL DETAILS

Name : _____
Email : _____ **Mobile : +91-** _____

PRESENT ADDRESS	PERMANANT ADDRESS
_____	_____
_____	_____
City _____ Pin Code: _____	City _____ PinCode _____
Phone (With STD Code) _____	Phone (With STD Code) _____
Clinic (With STD Code) _____	Clinic (With STD Code) _____
Nursing Home(W/STD) _____	Nursing Home(W/STD) _____
Resi.(With STD Code) _____	Resi.(With STD Code) _____

QUALIFICATION		
Title	Year	University
M.B.B.S.	_____	_____
D.O/D.O.M.S.	_____	_____
M. S. (Ophth)	_____	_____

MCI Reg. No. : _____ **Signature of** _____
Name of Medical Council : _____ **Applicant**

PROPOSED BY	SECONDED BY
Dr. _____	Dr. _____
Place _____	Place _____
MPSOS Life Membership No. : _____	MPSOS Life Membership No. : _____
Signature of Secoded	Signature of Secoded

FOR OFFICE USE ONLY

Membership No. Allotted : _____ Registered and Ratified as life member.
 Date : / / _____

 Hon. Gen. Secretary



PG MEMBERSHIP APPLICATION FORM FOR M.P. STATE OPHTHALMIC SOCIETY

(Please fill all entries in BLOCK letters only)

To.
The Hon. General Secretary,
M.P. State Ophthalmic Society,
Please ENROLL me as a PG Member of the M P STATE OPHTHALMIC SOCIETY
Please find enclosed herewith a Demand Draft of Rs. 2500/- + GST (Two Thousand Five Hundred only + GST)

Date

PHOTO

D.D. No. Date : Bank

D.D. in the favor of "M.P STATE OPHTHALMIC SOCIETY" payable at

PERSONAL DETAILS

Name : _____

Email : _____ Mobile : +91-_____

PRESENT ADDRESS	PERMANANT ADDRESS
_____	_____
_____	_____
City _____ Pin Code: _____	City _____ PinCode _____
Phone (With STD Code) _____	Phone (With STD Code) _____
Clinic (With STD Code) _____	Clinic (With STD Code) _____
Nursing Home(W/STD) _____	Nursing Home(W/STD) _____
Resi.(With STD Code) _____	Resi.(With STD Code) _____

QUALIFICATION

Title	Year	University
M.B.B.S.	_____	_____
D.O/D.O.M.S.	_____	_____
M. S. (Ophth)	_____	_____

MCI Reg. No. : _____ Signature of

Name of Medical Council : _____ Applicant

Sign

Attestation by Head Of Department - Ophthalmology

Name of Head of Department :

Name of Medical College :

Signature of
Head of
Department

Signature of
HOD

FOR OFFICE USE ONLY

Membership No. Allotted : _____ Registered and Ratified as life member.

Date : / /

Sign

Hon. Gen. Secretary