

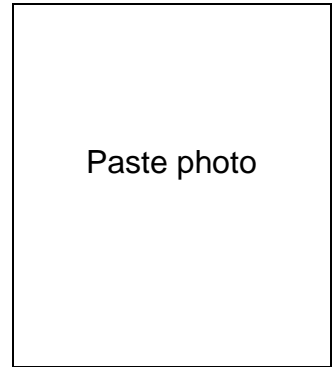


ODISHA STATE OPHTHALMOLOGICAL SOCIETY

LIFE MEMBERSHIP FORM

NAME (In capital letters) –

CONTACT ADDRESS –



TELEPHONE NO –

MOBILE –

E-MAIL –

DATE OF BIRTH -

PERMANENT ADDRESS –

QUALIFICATION –

YEAR OF PASSING -

IMC REGN. NO -

STATE -

[Must submit a photocopy of the MBBS/MD/DO & State Medical Council / MCI Certificate for our records.]

MEMBERSHIP IN ANY OTHER OPHTHALMIC SOCIETY –

AIOS MEMBERSHIP NO -

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

DATE

FULL SIGNATURE OF APPLICANT

FULL SIGN. OF PROPOSER

FULL SIGN. OF SECONDER

NAME -

NAME

LIFE MEMBERSHIP NO -

LIFE MEMBERSHIP NO -

PAID Rs 1500/- (Rs.....only) in cash/ NEFT/ DD. No

DatedBankBranch.....
in favour of "ORISSA STATE OPHTHALMOLOGICAL SOCIETY" payable at Bhubaneswar.

Instructions

1. The Society reserves all rights to accept or reject the application.
2. No reasons shall be given for any application rejected by the Society.
3. Every new member is entitled to receive the Society's Bulletin and Journal of the Society free.
4. Every new member will initially be admitted provisionally and shall be deemed to have become a full member only after formal ratification by the General Body.
5. To be proposed and seconded by Ratified existing Life Member of the Odisha State Ophthalmological Society only. No application form will be accepted unless it is complete in all respects.
6. Documents to be attached with application form:
 - 1). Copy of Degree (MBBS / MD / DNB)
 - 2). Copy of Registration Certificate Medical Council of India or State Medical Council
 - 3). Copy of PAN Card
 - 4). One Stamp size Coloured Photograph to be pasted on the Application Form and one stamp size coloured photograph to be attached with form for issue of Laminated Photo Identity Card (to be issued only after the Membership ratification by GBM).
7. **Membership Fee:**

There is only membership on one Time Payment of Rs. 1500/-

The application form should be complete in all respects and accompanied by a Demand Draft of Rs. 1500/- in favour of "Orissa State Ophthalmological Society" payable at Bhubaneswar or by NEFT and should be sent to:

Dr Sabyasachi Pattanayak

Hon. Secretary,
Odisha State Ophthalmological Society,

spatnaik64@yahoo.co.in, Mob :- 9437112550, 8908412323

For updates and for address for sending application, please visit website [www: osos.co.in](http://www.osos.co.in)

Bank details of OSOS

SB Account No - 10145483908

State bank of India, Jayadev Vihar, Bhubaneswar – 751013

IFS CODE- SBIN0011573