

Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Rs. \_\_\_\_\_ Membership No. \_\_\_\_\_



# ALL INDIA OPHTHALMOLOGICAL SOCIETY

## Membership Application Form

Name \_\_\_\_\_  
(Surname) (First Name)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address (Correspondence) \_\_\_\_\_  
in block letters) \_\_\_\_\_

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

Telephone (O) \_\_\_\_\_ (R) \_\_\_\_\_ (Clinic) \_\_\_\_\_

Fax \_\_\_\_\_ Email ID \_\_\_\_\_

Qualifications	Degree (Starting from last)	University	Year of Passing
1.			
2.			
3.			

State in which registered \_\_\_\_\_ Registration No. \_\_\_\_\_

Have you been a Member of this Society before ? Yes / No

If yes, furnish details \_\_\_\_\_

Proposed by Dr. \_\_\_\_\_ Membership No. \_\_\_\_\_ Signature \_\_\_\_\_

Seconded by Dr. \_\_\_\_\_ Membership No. \_\_\_\_\_ Signature \_\_\_\_\_

Declaration : I hereby declare that the above details are correct. I wish to be Life Member / Life Member on instalment basis. I have carefully read the instructions overleaf. I shall abide by the Rules, Regulation and Bye-Laws of the Society as in force and subsequent amendment(s) made from time to time.

I enclose **Cash/Bank Draft No.** \_\_\_\_\_ Dated \_\_\_\_\_ on \_\_\_\_\_ (Bank)

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

**For Laminated Photo Identity Card (to be issued after ratification of Membership)**

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

Specimen Signatures : 1. \_\_\_\_\_ 2. \_\_\_\_\_

## INSTRUCTIONS

- i) The Society reserves all rights to accept or reject any application.
- ii) To be proposed and seconded by LIFE MEMBER only.
- iii) No application for membership will be accepted unless it is complete in all respects, Proposed and Seconded by existing Member of the AIOS and accompanied by a **Demand Draft** for the following amount in favour of “**All India Ophthalmological Society**” on any Bank in Delhi/New Delhi.

	Subscription	Admission Fee	Total Amount Payable
Life Membership	Rs. 4500.00	Rs. 400.00	Rs. 4900.00

Those who are not more than 35 years of age have an option to pay Life Membership fee in 2 annual installments of Rs. 2650/- and Rs. 2250/-

- iv) Payment should be made through **Bank Draft** only.
- v) Every New Member is entitled to receive Society's Journal (Indian Journal of Ophthalmology) and Annual Proceedings of the Society free of charge provided subscription stands paid up to date.
- vi) 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.
- vii) Application for the Membership along with the **Bank Draft** for the Subscription and admission fee should be addressed to **The Hony. General Secretary**, All India Ophthalmological Society, Dr. R. P. Centre for Ophthalmic Sciences, A.I.I.M.S., Ansari Nagar, New Delhi - 110029.
- viii) **One Stamp / Licence Size Coloured Photograph is to be pasted on the form in the space provided and two Stamp / Licences size coloured photographs and Specimen signatures (in duplicate) are required to be sent along with this form for issue of Laminated Photo Identity Card after the Membership is ratified.**
- ix) **Kindly also send a photocopy of Degree / Certificate or Registration Certificate of your professional qualifications with your Application Form.**
- x) In case of applicant living abroad depending upon the address, the Membership fee shall be payable in US\$ only.