



# Bombay Ophthalmologists' Association

## APPLICATION FOR MEMBERSHIP

Affix passport size photograph  
3.5X3.5 cm

### A. PERSONAL INFORMATION

Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address:

|   |   |
|---|---|
| Res:  | Clinic:                                     |
| Should this be your mailing address? Yes/No | Should this be your mailing address? Yes/No |

Phones (with STD Code)

Res: \_\_\_\_\_ Clinic: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

E mail: \_\_\_\_\_

### B. QUALIFICATIONS:

| Medical degree | Institution/College | University | City | Year of passing |
|----------------|---------------------|------------|------|-----------------|
|                |                     |            |      |                 |

Registration No: \_\_\_\_\_ Council: \_\_\_\_\_ Date/year

| Postgraduate degree/diploma | Institution/University | City | Year of Obtaining |
|-----------------------------|------------------------|------|-------------------|
|                             |                        |      |                   |
|                             |                        |      |                   |
|                             |                        |      |                   |
|                             |                        |      |                   |

# Bombay Ophthalmologists' Association

## APPLICATION FOR MEMBERSHIP...2

Date

Signature of applicant:

Proposed by: Name:

BOA membership number

Signature

Seconded by: Name:

BOA membership number

Signature

### Note:

1. Application should include:

A) Membership form complete in all details

B) Xerox copies of

1. Medical Degree Certificate

2. State Medical Council Registration Certificate

3. Post Graduate Degree or Diploma Certificate

C) Life Membership Fees of (Rs 1000/- Mumbai) (Rs 2000/- out of Mumbai).

Demand drafts will be accepted. The Demand draft should be drawn in the name of "Bombay Ophthalmologists' Association" payable at Mumbai.

2. Application along with Life membership fees should be sent to the current Hon Secretary, Dr Hemalini Samant at the following address:

Dr.Hemalini Samant

Dr. Hemalini Samant  
JJ Hospital, Byculla

Mumbai 400008.

E mail: pms\_ham@yahoo.co.uk

phones: office: 23750102 mobile: 9819870573

3. The secretary reserves all rights to accept or reject the application

4. No reason will be given for any application rejected by the society.

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### Receipt

Received the sum of Rs. \_\_\_\_\_ by cash/dd

from \_\_\_\_\_ on dt \_\_\_\_\_ towards membership fees of BOA

Signature