



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 T P Lahane at the following address:

Dr. T P Lahane

Doctor's quarters, Building No 1/5

JJ Hospital Campus, Byculla

Mumbai 400008.

Email: tplahane@boamumbai.com

Phones: Res: 022 23746080 office: 022 23750102 Mobile: 9867872555

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.

Receipt

Received the sum of Rs. _____ by cash/dd

from _____ on dt _____ towards membership fees of BOA

Signature