



# Vidarbha Ophthalmic Society

## MEMBERSHIP FORM

To be filled in **BLOCK** Letters with **BLACK INK**

Affix a recent  
passport size  
photo here

Surname : \_\_\_\_\_

First Name : \_\_\_\_\_

Middle Name : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Gender : Male / Female

Wedding Anniversary : \_\_\_\_\_

Spouse name : \_\_\_\_\_

Qualifications : \_\_\_\_\_

MMC Registration No : \_\_\_\_\_

Sub-specialty (if any) : \_\_\_\_\_

### Addresses

Clinic / Hospital : \_\_\_\_\_

\_\_\_\_\_ Phone Number : \_\_\_\_\_

Residence : \_\_\_\_\_

\_\_\_\_\_ Phone Number : \_\_\_\_\_

Email ID : \_\_\_\_\_

Mobile number : \_\_\_\_\_

### **Declaration :**

I hereby declare that the above details are correct and I wish to be a Life member of the Vidarbha Ophthalmic Society. I have read and understood the instructions overleaf. I shall abide by the Rules, Regulations and By-laws of the Society as in force and any subsequent amendment(s) made from time to time.

Please find herewith enclosed Rs. \_\_\_\_\_ (in words \_\_\_\_\_), by cash / cheque / DD (no.: \_\_\_\_\_), dated \_\_\_\_\_, drawn on \_\_\_\_\_.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Name

Proposed by

Seconded by

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Membership No :

Membership No :

**For Laminated Photo identity card**

(Issued after ratification in General body meeting)

Specimen Signature

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**Instructions :**

1. Documents to be submitted :
  - a. Photocopy of Aadhar card / Address proof.
  - b. Photocopy of MBBS / MS / DO / DNB (ophth) and MMC registration
2. The Society reserves all rights to accept or reject the application.
3. No reasons shall be given for non-acceptance of the application by the Society.
4. Every new member will be initially admitted as a provisional member and shall be deemed to have become a full member after a formal ratification and issuance of the order by the General Body of the Society. Only after the ratification will the new member be eligible to vote, apply for awards / fellowships, or be able to propose / contest for elections.
5. No application form shall be accepted unless it is complete in all respects.
6. A membership fee for Life membership is a one-time fee of Rs. 3000/- (rupees three thousand only).
7. The same can be paid by cash / cheque / demand draft / NEFT / RTGS.
  - a. Cash payments can be done and receipt acquired at registration counters for CME.
  - b. Cheque / DD to be made in favour of **Vidarbha Ophthalmic Society**.
  - c. For RTGS / NEFT contact the Secretary or the Treasurer for that year.

**Contact Details :**

<u>Office :</u> Vidarbha Ophthalmic Society Block No. 7, IMA Annexe, IMA House, North Ambazari Road, Nagpur 440010	<u>Web address :</u> VOSEYE.ORG
	<u>Email ID :</u> vidarbha.ophth.society@gmail.com

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**For Official use :**

Name : \_\_\_\_\_

Membership No : \_\_\_\_\_ Date : \_\_\_\_\_

Authorised signatory

President

Secretary

Tresurer