INDIAN NEURO-OPHTHALMOLOGICAL SOCIETY

MEMBERSHIP FORM

First Name: ______________________________ Last Name: _______________________

Gender____

Qualification: ____

Address: ____

____City______________________

State: ____Pin Code: ________________Country: __________________

Institution: ____ Designation: ____________________________________

Degree: ____ Year of Passing: _________________

University: ____ State Registration No.: ___________

I wish to become a life Member of the 'Indian Neuro Ophthamology Society' and shall abide by the constitution and the rules and regulations of the Society.

Please find enclosed my membership fees of Rs. ________________________ towards society corpus fund by Cash/ Cheque/DD No: _____________________________________ Date: ____

Drawn on ____________________

Also enclosed MBBS degree and registration certificate

Note: Cheque/DD must be made in favour of 'Indian Neuro Ophthamology Society' payable at Delhi

I declare that the information provided by me as above is correct.

(Signature of applicant)

FOR OFFICIAL USE

Dr. __________________________________ has been admitted as a Life Member of the 'Indian Neuro-Ophthalmology Society' in the General Body meeting held on ___________________________. His/Her membership no. is. _________. Membership Fee received by Cash/Chq/DD no. ___________________ date__________ drawn on________________.

Address:

Indian Neuro-Ophthalmology Society
Room No. 377, Dr. Rajendra Prasad Centre for Ophthalmic Sciences,
All India Institute of Medical Sciences, New Delhi, India 110029
Phone: 91-11-26593182, Fax: 91-11-26588919
E-mail: secretariat.inos@gmail.com

Life Membership Fee Rs. 5000/- Payble by local (Delhi) Cheque or by Demand Draft Payable at Delhi Favour of "Indian Neuro-Ophthalmology Society".