

CHANDIGARH OPHTHALMOLOGICAL SOCIETY (REGD.)

LIFE MEMBERSHIP APPLICATION FORM

NAME _____

(in Block Letters, Beginning with Surname)

DESIGNATION/EXPERIENCE _____

DATE OF BIRTH _____ AGE _____ SEX _____ MARITAL STATUS _____

NAME & DATE OF BIRTH OF SPOUSE _____

MARRIAGE ANNIVERSARY _____

DETAILS ABOUT SPOUSE AND CHILDREN:

CLINIC/OFFICE ADDRESS _____ Phone _____

_____ E Mail _____

RESIDENTIAL ADDRESS _____ Phone _____

Sr. No.	QUALIFICATION	UNIVERSITY	YEAR
1.			
2.			
3.			

FIELD OF SPECIAL INTEREST _____

REGISTRATION NO. & STATE _____

(in which registered)

PROPOSED BY (Name Address & Membership No.)

Hobbies _____	Achievements _____	Distinctions _____
Signature _____		

DECLARATION

I wish to be a member of Chandigarh
Ophthalmological Society
I declare that the above details are correct
I shall abide by society rules in force and
subsequent amendments
I am enclosing Rs.1000/- by Cheque / Draft in
Favour of 'Chandigarh Ophthalmological Society'



Date _____ Signature _____