



# ALL GUJARAT OPHTHALMOLOGICAL SOCIETY

## MEMBERSHIP APPLICATION FORM

Name ( In Block Letters) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex : Male / Female

IMC / GMC Registration No. \_\_\_\_\_

Qualifications (Tick all the qualifications you possess)

MBBS  DO  MS  DNB  FRCS  OTHER

Type of Job  Private Practice  Government Service  Medical College  
 Service in Trust  Dist. Hospital  Residency  Other

Super Speciality (Tick all the speciality you possess)

General Opth  Cornea  Vitreo Retina  Strabismus  
 IOL & Phaco  Glaucoma  Refractive Surgery  Oculoplasty  
 Neuro-Opth.  Contact Lens  Ocular Pathology  Any other

Address : \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_ State \_\_\_\_\_

Phone (With area Code) H. \_\_\_\_\_ R. \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

I wish to be a  Annual Member (Rs. 150/-)  Life Member (Rs. 750/-)

Please find enclosed Rs. \_\_\_\_\_ in words \_\_\_\_\_

By Cash/Cheque/DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

favouring '**All Gujarat Ophthalmological Society**' payable at **Bhavnagar**. (Please add Rs.20/- for out station cheques)

I declare that the above details are correct. I shall abide by the Rules and Regulations of the Society in force and any subsequent amendment made from time to time.

Signature of Applicant

### FOR OFFICE USE ONLY

The above application is in order. He / She is admitted as Life Member / Annual Member of the Gujarat Ophthalmological Society by the Genera Body Meeting held on \_\_\_\_\_

His / Her membership No. is \_\_\_\_\_

Executive Secretary  
Gujarat Ophthalmological Society

Date :

Stick your recent  
Passport Size  
photographs here &  
send TWO  
ADDITIONAL  
Photographs along  
with the form

Specimen Signature 1.

2.

Mailing Address

**Hon. Executive Secretary DR. JAGDEEP M. KAKADIA**

Akshardeep Eye Hospital, 101, Sanjivani, Jail Road, Bhavnagar-364 001

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