

INSTRUCTIONS

1. The Society reserves all rights to accept or reject any application.
2. The Form should be filled completely in Capital Letters only.
3. To be proposed and seconded by Retified Life Member only. No application form will be accepted unless it is complete in all respects. Proposed and Seconded by existing Life Member of the APOS.
4. Every New Member is entitled to receive Society's Journal (A.P. Journal of Ophthalmology) and Annual Proceedings of the Society free of charge.
5. Every New Member will initially be provisionally admitted and shall be deemed to have become a full Member only after formal ratification by the General Body and issue of Ratification Order by the Society. Only then he or she will be eligible to vote or apply for any Fellowship / Award propose or contest for any Election of the Society.
6. Photo ID Card will be issued only after the membership is ratified by the MC / GB.
7. Payment should be made through Bank Draft Only.
8. Documents to be attached with Application form:
 1. Copy of Degree (MBBS (MD/DNB/etc.) Or Medical Council Registration Certificate.
 2. Proof of Residence in A.P. i.e., copy of Voter ID Card / Aadhar Card/ Passport.
 3. One Coloured Photograph to be pasted on the Application Form.
 4. One Coloured Photograph to be attached with Form.
 5. DD for Rs.1100/- for Life Members, Rs.400/- for PG in favour of Andhra Pradesh Ophthalmic Society, Payable at Vijayawada.
9. Address for sending Application.

ANDHRA PRADESH OPHTHALMIC SOCIETY (192/2014)

D.No.40-5-19/4,
CHAITANAYA EYE HOSPITAL,
MOGHALRAJAPURAM
VIJAYAWADA – 520010
ANDHRA PRADESH