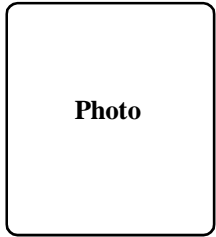




Application for the Membership of Andhra Pradesh Ophthalmic Society

Registered under Societies Act, Reg No. 192 of 2014

Filling of All Columns Essential



Applied for Life Member

Member in Waiting

Name (In Block Letters) :

Father's / Husband's Name :

Age :..... Sex :..... Date of Birth :

Native District :

Address (Present) :

:

Address (Permanent) :

:

Mobile: Email:

Designation :

Academic Qualification :

Year of Passing MBBS : PG: MS. DO. DNB..... (for Life members)

Year of Joining in PG Ophthalmology / Diploma..... (for members in Waiting)

Proposed by Dr. Membership No. Signature

Seconded by Dr. Membership No. Signature

Declaration : I hereby declare that the above details are correct. I wish to be Life member. I have carefully read the instructions overleaf. I shall abide by the Rules, Regulation & Bye-Laws of the Society as in force and any subsequent amendment(s) made from time to time.

I enclose Bank Draft No. Dated:..... Bank:

for Rs..... (Rupees Only)

Date: _____ Signature of Applicant _____

.....

For Office Use Only
For Laminated Photo Identity Card
(Will be issued after ratification of Membership in the next AOS Annual Conference)

Name: _____ Membership No. _____

Specimen Signature
of the applicant (In Black Ink) : 1. _____ 2. _____

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 Ratified 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