

Receipt No..... Date..... Rs..... Membership No.....



All India Ophthalmological Society
Membership Form
[To be filled in capital Letters]
Membership Fee - Rs. 7500/-

Paste
Photo

The Photo Identity Card will be issued after your Membership is ratified by the General Body during the next Annual AIOS Conference.

[Filling of all Columns Essential]

Name.....
(Surname) (First Name)

Date of Birth.....

Address (correspondence) in block letters.....

City..... Pin Code..... State.....

Telephone..... Mobile..... Email ID:.....

Qualifications:

Degree (Starting From Last)	University	Year of Passing
1.....
2.....
3.....

State in which Registered..... Registration No.....

Have you been a Member of this Society before ? Yes / No.

If Yes, furnish details:.....

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.....)

Date:

Signature of Applicant

For Laminated Photo Identity Card
(Will be issued after ratification of Membership in the next AIOS 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 Member of the AIOS.
4. Every New Member is entitled to receive Society's Journal (Indian 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 India i.e. copy of Voter ID Card / Aadhar Card / Passport.
 3. One Coloured Photograph to be pasted on the Application Form
 3. One Coloured photograph to be attached with form
 4. **DD for Rs. 7500/- in favour of
"All India Ophthalmological Society" payable at Mumbai**
9. In case of applicant living abroad depending upon the address, the Membership fee shall be payable in USD only
10. Address for sending Application:

Dr Barun Kumar Nayak
HOD – Dept of Ophthalmology
Hon.General Secretary, AIOS
P.D.Hinduja National Hospital & MRC
Veer Savarkar Marg, Mahim, Mumbai 400016
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