



Cornea Society of India

Membership Form

Serial No. (for office use only) Dated

To,
The Hon. Secretary, Cornea Society of India

Dear Sir,
I wish to apply for active membership of the Cornea Society of India

Please
affix a
photo

Personal Particulars (in BLOCK Letters)

Name
(Surname) (First Name) (Middle Name)

Date of Birth Sex M/F Citizenship Passport No

Address: Office Residence

.....
.....

City City

State State

Pin Country Pin Country

Ph No. Ph No.

Mob. Mob.

Email :

Website :

*State Medical Registration No. Country / State

Academic Qualification

Year

University / Institution

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Years of practice in Ophthalmology :

Years of practice in Cornea :

Do you have formal training in Cornea :

Number of scientific publication in
Cornea in peer reviewed journals :

Number of Scientific Presentations (approx) :

Appointments / Experience

Designation

Institution

From

To

.....
.....
.....

Membership Of Other Associations/Societies

Association

Society Membership No.

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I, hereby certify that the above information is correct to the best of my knowledge and I agree to abide by rules and bye-laws of the Cornea Society of India

Date:.....

Signature.....

Address of the Institution / Hospital Attachment

.....

Tel.No.....

Fax.....

Instruction for application - Please enclose the following:

- Attested photocopies of all certificates of academic qualification & registration of medical council.
- Two copies of passport size photograph in colour
- **DD** of Rs.5000 /- for Indian Life Members & 500USD for International Life Members drawn in favour of "**Cornea Society of India**" payable at bangalore.
- For online payment kindly logon to **www.corneasocietyindia.org**

Return the completed application from to:

Correspondence Address:

Cornea Society of India : #82/20, 1st Floor, 4th Cross, Brindavan Nagar, Mathikere, Bangalore - 560054.

Tel: 08023474500. **E-mail:** corneasocietyofindia@gmail.com | **Website:** www.corneasocietyindia.org

For Office Use

Application No. Received on

Submitted Membership subscription of Rs. / \$

Approved / Rejected Cash/ Vide Cheque / DD No

Dated Bank Name.....

Membership No. Alloted