

Oculoplastics Association of India

Application for Life Membership

PLEASE
AFFIX
LATEST
COLOR
PHOTOGRAPH

Name _____
Date of Birth _____
Qualifications _____
Training _____
Subspecialty _____
Hospital _____
Address _____

City _____
State _____
Country _____
Pin Code _____
Telephone _____
Mobile _____
e-mail _____

I would like to become a life member of the Oculoplastics Association of India and shall agree to abide by the Rules and Regulations of the Society. Please find enclosed a Bank Draft for Rs. 2500, number _____ drawn on _____ Bank, dated _____, in favor of the Oculoplastics Association of India, payable at Jalna, Maharashtra towards my Life Membership fee.

Date _____ Signature _____

Mail the completed application form along with the bank draft to:
Dr. Rajat Maheshwari, MS. Netraseva, 13 Priyanka Residency,
Mantha Square, Jalna 431203, Maharashtra, India. Phone: 098909-15217
or email: rajat.oculoplasty@gmail.com for specific details.

FOR OFFICE USE ONLY

has been admitted as Life Member of the Oculoplastics Association of India by the General Body at their meeting held on _____ at _____
with the membership number _____

Membership with complete rights is open to ophthalmologists and individuals with medical qualification with demonstrated interest in ophthalmic plastic, reconstructive and aesthetic surgery and allied subspecialties. Those with non-medical qualifications will be admitted as Associate Life Members with no voting rights. The right to refusal of membership rests with the Oculoplastics Association of India.