



## Application for Membership

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex                      Male ☐                      Female ☐

Highest medical qualification : \_\_\_\_\_

Years in practice in ophthalmology : \_\_\_\_\_

Years in practice in Uveitis : \_\_\_\_\_

Do you have formal training in Uveitis : \_\_\_\_\_

Number of scientific publication in Uveitis  
in peer reviewed journals : \_\_\_\_\_

Number of scientific presentations : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel No.: Mobile \_\_\_\_\_ Residence \_\_\_\_\_ Office \_\_\_\_\_

Email: \_\_\_\_\_

*Mail to :*

**Dr Somasheila Murthy**

Consultant

L V Prasad Eye Institute

L V Prasad Marg, Banjara Hills

Hyderabad 500 034. India

Tel No. : 91 40 3061 2345

Fax No. : 91 40 2354 8271

Email: smurthy@lvpei.org

Please send a demand draft for Rs.3,000/- in favour of **UVEITIS SOCIETY** towards life membership fee payable at Hyderabad.

Signature of the Applicant