Receipt No._____ Date_____

JAIPUR OPHTHALMOLOGICAL SOCIETY

Recent Photograph

Membership Application Form

Name (in capital letters):_____

Date of Birth:_____ Age: _____

Address (in capital letter) Corr.:_____

_____

Permanent Address:_____

_____

Telephone: Res. _____ Office _____ Mobile _____

E-mail:_____

Present Designation_____

Qualifications:_____

I am enclosing Draft /UTR No./ Cheque No._____ Date_____ Cash for

Date:_____ Signature _____

ICICI BANK, JAIPUR C-SCHEME BRANCH, A/C NO.: 675001701068 RTGS/NEFT IFSC CODE: ICIC0006750

FOR OFFICE USE ONLY

The above application is in order. His/her application is to be put before the next General Body.

Date:

Hon. Gen. Secretary

Scan the QR to pay online

UPI Id

JAIPUROPHTHALMOLOGICALSOCIETYJAIPUR.easypay@icici

(I) The Society reserves the right to accept or reject the application.
(ii) No reason shall be given for any application rejection by the Society.
(iii) No application for membership will be accepted unless it is complete in all respects proposed and Seconded by existing members or the J.O.S. and accompanied by a Demand Draft for 2,000/- for life membership. Must be issued in favour of "Jaipur Ophthalmological Society" Jaipur.
(iv) Two recent photographs.
(v) Every member is entitled to receive the Society Journal and Annual Proceeding free of charge.
(vi) Every new member will be provisionally admitted initially and shall be deemed to have become a full member only after ratification by the General Body. After Ratification the member will be eligible to vote, propose or contest as per the rules of the society.
(vii) Application for membership along with subscription should be addressed to Dr. Ankur Sinha, Hon. Secretary, Mob. 9314666881, drankursinha@gmail.com

The member is allotted the following **Membership No**. **Dr. Ankur Midha** Hon. Gen. Secretary