



Receipt No. _____ Date _____

JAIPUR OPHTHALMOLOGICAL SOCIETY

Membership Application Form

Recent
Photograph

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

- (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 Midha, Hon. Secretary, Mob. 9414236092, drankurmidha@gmail.com

Scan the QR to pay online



UPI Id

JAIPUROPHTHALMOLOGICALSOCIETYJAIPUR.easypay@icici

The member is allotted the following **Membership No.**

Dr. Ankur Midha Hon. Gen. Secretary