

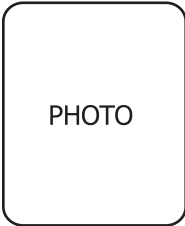


**MEMBERSHIP APPLICATION FORM FOR M.P. STATE OPHTHALMIC SOCIETY**

(Please fill all entries in BLOCK letters only)

To. \_\_\_\_\_ Date .....

The Hon. General Secretary,  
M.P. State Ophthalmic Society,  
Please ENROLL me as a LIFE Member of the M.P. STATE OPHTHALMIC SOCIETY.  
Please find enclosed herewith a Demand Draft of Rs. 5000/- + GST (Five Thousand only + GST)



**D.D. No.** ..... **Date :** ..... **Bank** .....

D.D. in the favor of "M.P STATE OPHTHALMIC SOCIETY" payable at

**PERSONAL DETAILS**

**Name :** \_\_\_\_\_

**Email :** \_\_\_\_\_ **Mobile : +91-** \_\_\_\_\_

PRESENT ADDRESS	PERMANANT ADDRESS
City _____ Pin Code: _____	City _____ PinCode _____
Phone (With STD Code) _____	Phone (With STD Code) _____
Clinic (With STD Code) _____	Clinic (With STD Code) _____
Nursing Home(W/STD) _____	Nursing Home(W/STD) _____
Resi.(With STD Code) _____	Resi.(With STD Code) _____

QUALIFICATION		
Title	Year	University
M.B.B.S.	_____	_____
D.O/D.O.M.S.	_____	_____
M. S. (Ophth)	_____	_____

**MCI Reg. No. :** \_\_\_\_\_ **Signature of** \_\_\_\_\_

**Name of Medical Council :** \_\_\_\_\_ **Applicant**

PROPOSED BY	SECONDED BY
Dr. _____	Dr. _____
Place _____	Place _____
MPSOS Life Membership No. : _____	MPSOS Life Membership No. : _____
Signature of Seconded	Signature of Seconded

**FOR OFFICE USE ONLY**

Membership No. Allotted : \_\_\_\_\_ Registered and Ratified as life member.

Date :    /    /

\_\_\_\_\_  
Hon. Gen. Secretary