



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

(Please fill all entries in BLOCK letters only)

To.
The Hon. General Secretary,
M.P. State Ophthalmic Society,
Please ENROLL me as a PG Member of the M P STATE OPHTHALMIC SOCIETY
Please find enclosed herewith a Demand Draft of Rs. 2500/- + GST (Two Thousand Five Hundred only + GST)

Date

PHOTO

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

Sign

Attestation by Head Of Department - Ophthalmology

Name of Head of Department :

Name of Medical College :

Signature of
Head of
Department

Signature of
HOD

FOR OFFICE USE ONLY

Membership No. Allotted : _____ Registered and Ratified as life member.

Date : / /

Sign

Hon. Gen. Secretary