

**BANGALORE OPHTHALMIC SOCIETY**  
**(MEMBERSHIP FORM)**

Name (In Block Letters) \_\_\_\_\_

S/D/W/o \_\_\_\_\_

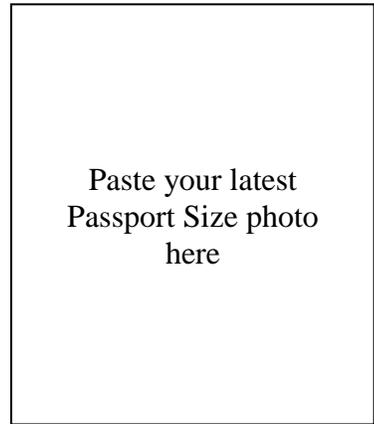
Date of Birth \_\_\_\_\_ Qualifications \_\_\_\_\_

Medical Council \_\_\_\_\_ Registration No. \_\_\_\_\_

Sub Speciality (if any) \_\_\_\_\_

Email id: (mandatory) \_\_\_\_\_

Mobile No.:(mandatory) \_\_\_\_\_



**I. ADDRESS: Clinic/Hospital/Practice :** \_\_\_\_\_

Door No. \_\_\_\_\_ Cross, \_\_\_\_\_ Main, Area \_\_\_\_\_

Stage \_\_\_\_\_, \_\_\_\_\_ Phase, Place: BANGALORE Pin \_\_\_\_\_ Phone \_\_\_\_\_

**II. ADDRESS: Residence**

Door No. \_\_\_\_\_ Cross, \_\_\_\_\_ Main, Area \_\_\_\_\_

Stage \_\_\_\_\_, \_\_\_\_\_ Phase, Place: BANGALORE Pin \_\_\_\_\_ Phone \_\_\_\_\_

**III. ADDRESS: Correspondence**

Door No. \_\_\_\_\_ Cross, \_\_\_\_\_ Main, Area \_\_\_\_\_

Stage \_\_\_\_\_, \_\_\_\_\_ Phase, Place \_\_\_\_\_, Pin \_\_\_\_\_

Phone \_\_\_\_\_

**Proposed by**

Dr. \_\_\_\_\_ Membership No. \_\_\_\_\_ Signature \_\_\_\_\_

Seconded by

Dr. \_\_\_\_\_ Membership No. \_\_\_\_\_ Signature \_\_\_\_\_

**(Please Note : Life membership fee Rs. 1500/- (Rupees One Thousand Five Hundred only) payable by Demand Draft / Cheques, payable to Bangalore Ophthalmic Society)**

Please find enclosed Rs. \_\_\_\_\_ in words \_\_\_\_\_

By Cash/Cheque/DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on \_\_\_\_\_

**I agree to become a life member of the Bangalore Ophthalmic Society and shall abide by the Rules and Regulations of the Society.**

Signature of Applicant

**FOR OFFICE USE ONLY – APPLICANT NOT TO FILL**  
**( Print on back side of the Application Form**  
**DO NOT USE A SEPARATE SHEET)**

Dr . \_\_\_\_\_ has been admitted as Life Member of the Bangalore Ophthalmic Society by the General Body in their meeting held on \_\_\_\_\_.

His / her membership No. is \_\_\_\_\_. Fee received by Cash / Cheque / DD No. \_\_\_\_\_

dated \_\_\_\_\_ drawn on \_\_\_\_\_

(Secretary BOS)

## INSTRUCTIONS

1. The Society reserve all rights to accepts or reject the application.
2. No reasons shall be given for any application rejected by the Society.
3. No application for membership will be accepted unless it is complete in all respects and accompanied by a Cheque/ DD of Rs.1500/- (Rupees One thousand five hundred only ) in favour of “**Bangalore Ophthalmic Society**” payable at Bangalore.
4. Every new member is entitled to received Society’s Bulletin (BOS Times) and Annual proceedings of the Society free.
5. Every new member will initially be admitted provisionally and shall be deemed to have become a full member only after formal ratification by the General Body and issue of Ratification order by the Society. Only then he or she will be eligible to vote, or apply for any Fellowship/Award, propose or contest for any election of the Society.
6. Application for the membership along with the Bank Draft for the membership fee should be addressed to

**BOS Secretariat,**  
**Divakars Speciality Hospital,**  
**No. 220, 9<sup>th</sup> Cross, JP Nagar, 2<sup>nd</sup> Phase, Bangalore 560078.**  
**Mobile No. 9844046724.**  
**Email: gvdivakar@yahoo.co.in**

7. Licence Size Coloured Photograph is to be pasted on the form in the space provided and two Stamp/ Licence Size Coloured photographs are required to be sent along with this form for issue of Laminated Photo Identity Card (to be issued only after the Membership ratification).
8. Applications for ‘Bangalore Life Member’ should either reside or practice in Bangalore. The proof of residence may be in the form Passport/Licence/Voters Identity Card/Ration Card/Electricity Bill/BSNL (Landline) Telephone Bill