

Oculoplastics Association of India

MEMBERSHIP APPLICATION

Name: (in block letters) _____

Date of Birth _____

Highest Educational qualification _____

Registration No _____

Fellowship _____

Publication in last 5 years (total) _____

Present Resume _____

Present place of work _____

_____ Phone _____

Permanent Address _____

_____ Phone _____

E- Mail - _____

Mob _____

Affix Passport
Size
Photograph

Proposed By

Membership No _____

Signature

Seconded By

Membership No _____

Signature

Declaration: I hereby declare that the above details are correct. I wish to be Life member. I have carefully read the instructions overleaf. I shall abide by the Rules, Regulation & Bye-Laws of the Society as in force and any subsequent amendment(s) made from time to time.

Please find enclosed for Rs.4000 (Rupees four thousand Only) by NEFT or RTGS favoring Account number 2027010017550, IFSC code: UTBI0BLBR06cash/Demand Draft /at par cheque, United Bank Of India, Beltola Bazar Branch, Guwahati, Assam. Dated.....

Specimen Signature Of the applicant (in Black Ink) for ID card

Dated _____

Signature of the applicant _____

FOR OFFICE USE ONLY

Dr/Mr/ Ms _____ has been admitted as life member of the Oculoplastics Association of India & ratified by the general body in the meeting held on _____ His /Her membership No is _____.

Gen. Secretary

Treasurer, OPAI

INSTRUCTIONS

1. The Society reserves all rights to accept or reject any application
2. To be proposed and seconded by Life Member only. No application form will be accepted, unless it is complete in all respects. Proposed and Seconded by existing Member of the OPAI
3. Every new Member is entitled to receive Society's Journal and Annual Proceedings of the Society free of charge.
4. Every new Member will initially be provisionally admitted and shall be deemed to have become a full Member only after formal ratification by the General Body 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
5. Documents to be attached with application form:
 1. Copy of qualification & with Medical Council Certificate
 2. One coloured photograph to be pasted on the Application Form
 3. One coloured photograph to be attached with form
6. **LIFE MEMBERSHIP FEES Rs 4000 /- or 100 USD , in favor of Oculoplastics Association of India Demand draft or at par cheque , payable at Guwahati , Assam or NEEFT or RTGS favoring Account number 2027010017550, IFSC code: UTBI0BLBR06, United Bank Of India, Beltola Bazar Branch, Guwahati, Assam.**

7. Address for sending Application

Dr Jayanta Kumar Das

Treasurer, OPAI

Sri Sankaradeva Nethralaya,

96 Basistha Road, Beltola, Guwahati-28

Mobile: 098640-85664

E-mail: jk2269929@yahoo.co.in