



Date: _____

KANPUR OPHTHALMIC SOCIETY

Passport size
photo

MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

First Name: _____

Last Name: _____

Date of birth: _____

Gender: Male ☐ Female ☐

Sub-Speciality

Cataract/ Refractive/ Cornea/ Vitreo Retina, etc..

Married:

Yes ☐ No ☐

Spouse Name:

Date of Anniversary

Email ID

Contact No./Mobile

Residential Address

Current place of work and Designation

Declarations:

I hereby declare that all above details are correct. A wish to be a life member. I have carefully read the instructions. I shall abide by the Rules, Regulations & Bye-Laws of the society as in force and any subsequent amendments made from time to time.

Instructions:

Document should be attached with application form:-

Copy of Degree Certificate

Medical Council Certificate

Color photograph to be pasted on application form

Payment Details will be shared

Signature

Received Date: _____

Membership No. _____