



NORTH ZONE OPHTHALMOLOGICAL SOCIETY (MEMBERSHIP APPLICATION FORM)

Name (Surname First): _____

Address: (Office): _____

Pin _____

(Resi.): _____

Pin _____

Phone No: (Including STD code): Office: _____

Residence: _____ E-mail: _____

Present Professional Status: _____

Qualification :	University	Year
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Proposed By:

Name: _____

Address: _____

Signature: _____

Membership No: _____

Seconded By:

Name: _____

Address: _____

Signature: _____

Membership No: _____

Declaration By Candidate:

I shall abide by the regulations of the society in force and any subsequent alterations made from time to time. I'm enclosing D/D No. _____ for Rs.1000/- payable at Ludhiana to North Zone Ophthalmological Society towards Life Membership Fee.

Date: _____

Signature: _____

Post To:-

WEBSITE <http://www.nzos.org>

Dr. G.S. Bajwa
Hony. General Secretary
220-A, Sarabha Nagar, Ludhiana – 141 001.
Ph- +91 – 161 - 2455111
E-mail: gkbajwa@yahoo.com

For office Use Only:

Payment received by cash/DD No. _____ Drawn On _____ Payable at Ludhiana.

Membership no. allotted: _____