

NORTH ZONE OPHTHALMOLOGICAL SOCIETY

Membership Application Form

Name (Surname First) _____

Address (office) _____

(Res.) _____

Phone (including STD code): Office _____ Res. _____

Mobile: _____ Email _____

Present employment status _____

Registration No. _____ (MCI / name of State Medical Council) _____

Qualification University Year

1 _____

2 _____

3 _____

Proposed By:

Name: _____

Address: _____

Signature: _____

Membership No.: _____

Signature: _____

Seconded By:

Name: -----

Address:-----

Signature:-----

Membership No.-----

Signature:-----

Declaration by the applicant

It shall abide by the regulations of the society in force and any subsequent amendments made from time to time. All information given above is true to the best of my knowledge.

I am enclosing a Demand Draft wide No. _____ dated _____ for the amount Rs.1000.00 in favour of North Zone Ophthalmological Society, payable at Chandigarh.

Date:

Please post the completed form to:

Signature of the applicant

Dr. RK Bansal
Hon. Gen. Secy. NZOS
House No 3878, Sector-32D,
Chandigarh 160030.