

# EASTERN INDIA ZONAL OPHTHALMOLOGICAL CONGRESS



## LIFE MEMBERSHIP FORM

Photo

NAME (Block Letters) \_\_\_\_\_ SEX - M / F

S/D/W/o \_\_\_\_\_ Date of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_ PIN \_\_\_\_\_ STATE \_\_\_\_\_

Telephone Nos. (Office / Clinic) \_\_\_\_\_ (Residence) \_\_\_\_\_

Mobile \_\_\_\_\_ Mobile \_\_\_\_\_ e-mail \_\_\_\_\_

SL	QUALIFICATION	UNIVERSITY	YEAR
1			
2			
3			

Medical Registration No. \_\_\_\_\_ AIOS Membership No \_\_\_\_\_

Are You in  Private Practice  Govt. Service  Private Institution  Others (Please Tick)

Are you interested in:  Ant. Segment  Post. Segment  Community Ophthalmology  Research

Proposed by \_\_\_\_\_ Seconded by \_\_\_\_\_

### DECLARATION

I hereby declare that the above information furnished by me is correct. I shall abide by the rules and regulations of the society in force and any subsequent amendments made from time to time.

I am paying cash /enclosing Bank Draft # \_\_\_\_\_ dt. \_\_\_\_\_ for Rs. 2000/- on Bank \_\_\_\_\_

Specimen Signatures

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#### Please Note :

Life membership fee is of 2000/- by Cash/DD in favour of **Eastern India Zonal Ophthalmological Congress** payable at **Patna**.

#### Bank Account Details

**Eastern India Zonal Ophthalmological Congress**

Bank Name- **PUNJAB NATIONAL BANK**

A/C No. - **0053050024587**

IFSC Code - **PUNB0099120**

### FOR OFFICE USE ONLY

Dr \_\_\_\_\_ has been admitted as Life Member of EIZOC by the General Body in the meeting held on \_\_\_\_\_ at \_\_\_\_\_. His/her membership no. is \_\_\_\_\_.

L.M. Fee received by Cash / DD No. \_\_\_\_\_ dt \_\_\_\_\_ drawn on \_\_\_\_\_.

President

Secretary

Secretariat : **Dr Pranav Ranjan**, Hon. Gen. Secretary

Renu Eye Centre, 1 S.K.Puri, Boring Road, Patna 800 001, BIHAR.

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