

# 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 Rs. 2000/- by Cash/DD in favour of Eastern India Zonal Ophthalmological Congress Payable at Tinsukia

<p><b>Bank Detail:</b> EASTERN INDIA ZONAL OPHTHALMOLOGICAL CONGRESS PUNJAB NATIONAL BANK, TINSUKIA CHIWARA PATTY (TINSUKIA), ASSAM A/C NO – 0053050024587 , RTGS/NEFT/IFSC - PUNB0001320</p>
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### 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 Swaraj Bhattacharjee, Hon. Gen. Secretary - EIZOC, Lakhmi Eye Care Centre, Rangabora Road, Tinsukia - 786125 (Assam)  
Mob: 94350 36725 || Email: dr1swaraj@gmail.com / eizoc.secretariat@gmail.com || Website: www.eizoc.in