



BIHAR OPHTHALMOLOGICAL SOCIETY

**Life membership form
(to be filled in CAPITAL LETTERS)**

Clip Two stamp size
COLOURED
photographs along
with this form

Name :

S/D / W/O : Date of Birth :

QUALIFICATION :

Degree	University	Year of Passing

Permanent Registration No. : AIOS Membership No. (If any).....

ADDRESS :

Hospital/Clinic/Office :

.....

..... Phone :

Residence :

.....

..... Phone

Fax : E-mail

Blood Group

Area of Interest - Anterior Segment/Posterior Segment

Proposed by Life Membership No.

Seconded by Life Membership No.

I agree to become a life member of Bihar Ophthalmological Society and Shall abide by the Rules & Regulations of the Society

.....

I hereby enclose Rs. 1000/- (One Thousand only) by Cash/D.D. No

Dated.....drawn on.....

in favour of **BIHAR OPHTHALMOLOGICAL SOCIETY**, Payable at PATNA

Date :

Signature of Applicant

For Office use only

Dr. has been admitted as

Life Member of B.O.S. by the General Body in the meeting held on

His/Her Membership No. is

Life Membership Fees received by Cash/D.D.

No. Dated.....

Drawn on

Two Specimen Signatures of I.D.Card.

Secretary B.O.S.