



All Gujarat Ophthalmological Society

APPLICATION FORM FOR LIFE MEMBERSHIP

PLEASE USE ONLY CAPITALS

Name : _____ Date of Birth : _____
(Last Name) (Name) (Middle Name) (dd/mm/yyyy)

Address for correspondence : _____

City : _____ Pincode : _____ State : _____ Country : _____

Landline No. Hospital : _____ Residence No. : _____
(with STD Code)

Fax : _____ Mobile : (1) _____ Mobile : (2) _____

Email : _____ Website : _____

Qualifications : Degree starting from last	University	Year Passing
1	_____	_____
2	_____	_____
3	_____	_____

State Council in which Registered _____ Registration No. : _____
(Ophthalmic Degree)

Please send attested copies of degrees and Registration certificates and one passport size photograph

Proposed by Dr. _____ L.M. No.: _____ Sign.: _____
(AGOS life member)

Seconded by Dr. _____ L.M. No. _____ Sign. _____
(AGOS life member)

I enclosed Bank Draft/At par Cheque No. _____ Dated _____ Bank _____
for Rs.1500/- (Rupees One Thousand Five Hundred Only) Payable at Bhavnagar to "All Gujarat Ophthalmological Society"

Declaration: I hereby declare that the above details are correct. I wish to be Life member. I shall abide by the Rules, Regulation & Bye-Laws of the Society as in force and any subsequent amendment(s) made from time to time.

Date: _____ Signature of Applicant: _____

FOR OFFICE USE ONLY

Receipt No.: _____ L.M.No.: _____

Please send it to the Executive Secretary:

Dr. Nilesh V. Parekh

Sir T. Hospital, B-31 (Basement), DBCS, New OPD Complex, Bhavnagar - 364 001, Gujarat, India

Mobile: +91-94284 08788 Email: agossecretary@hotmail.com