



**ALL GUJARAT OPHTHALMOLOGICAL SOCIETY
APPLICATION FORM FOR LIFE MEMBERSHIP**

[To be filled in Capital letters]

NAME : _____
[Last name] [Name] [Middle name]

Date of Birth _____ [dd/mm/yyyy]

Address for correspondence _____

City _____ Pin _____ State _____

Phone with STD code _____ Hospital _____ Resi _____

Fax _____ Mobile[1] _____ [2] _____

Email _____ Website _____

Qualifications

Degree starting from last	University	Year of 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. Signature.....
[AGOS life member]

Seconded by Dr..... L.M.No..... Signature.....
[AGOS life member]

I enclose 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 at the below mentioned address:

Dr. Nilesh V Parekh

B-31,[Basement], DBCS, New OPD Complex, Sir.T.Hospital, Bhavnagar. Pin:364001

Mobile :+91-9428408788 Email:agossecretary@hotmail.com