



Bombay Ophthalmologists' Association

APPLICATION FOR MEMBERSHIP



Photo

A. PERSONAL INFORMATION

Name: _____ Surname: _____

Date of birth: _____ Citizenship: _____

Address: _____

<p>Res:</p> <p>Should this be your mailing address? Yes/No</p>	<p>Clinic:</p> <p>Should this be your mailing address? Yes/No</p>
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Phones (with STD Code)

Res: _____ Clinic: _____

Mobile: _____ Fax: _____

E mail: _____

B. QUALIFICATIONS:

Medical degree	Institution/College	University	City	Year of passing

Registration No: _____ Council: _____ Date/year _____

Postgraduate degree/diploma	Institution/University	City	Year of Obtaining

Date _____

Signature of applicant:

Proposed by: Name: _____

BOA membership number _____

Signature

Seconded by: Name: _____

BOA membership number _____

Signature

Note :

1. Application should include:

A) Membership form complete in all details

B) Xerox copies of

1. Medical Degree Certificate

2. State Medical Council Registration Certificate

3. Post Graduate Degree or Diploma Certificate

**C) Life Membership Fees of (Rs 1500/- For Mumbai Rs 2000/- For Out of Mumbai)
"Bombay Ophthalmologists' Association" payable at Mumbai.**

**2. Application along with Life Membership fees should be send to the Current
Dr. Anis M B (Secretary BOA 2015-16)
Crystal Eye Centre, 101 Crystal Residency, off Dockyard Rd, Mazgaon,
Mumbai 400010 • +91 22 9987128868 • Email: anismb@gmail.com**

3. The Secretary reserves all rights to accept or reject the application.

4. No reason will be given for any application rejected by the Society,