



Bombay Ophthalmologists' Association

APPLICATION FOR MEMBERSHIP



Photo

A. PERSONAL INFORMATION

Name: _____ Surname: _____

Date of birth: _____ Citizenship: _____

Address: _____

Res: _____ Clinic: _____

Mobile: _____ Fax: _____

E mail: _____

Registration No:	Council:	Date/year	
Postgraduate degree/diploma	Institution/University	City	Year of Obtaining

Proposed by: Name: _____

BOA membership number _____ Signature

Seconded by: Name: _____

BOA membership number _____ Signature

**1 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 (Secretary BOA 2022 - 2023)

Dr. Sumeet T. Lahane, Hon. Secretary 2022 -23
Sir J. J. Hospital, Byculla, Mumbai, Maharashtra 400008
Mob: 9869179774 | Email: sumeet.lahane@gmail.com