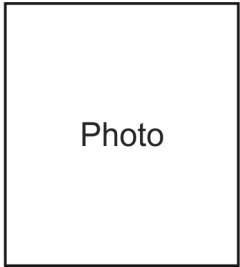




Bombay Ophthalmologists' Association

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 2020 - 2021)

Dr. Swapnesh Sawant, Hon. Secretary 2020 -21

Anideep Eye Hospital, Plot 414, S. V. Rd, Next to Golden Tobacco Compound, Vileparle (W), Mumbai - 56

Tel: 022-26251111 | Mob:9820704394 | Email: swapnesh@anideepeyehospital.com