



Date: - Membership No.:-  
**MAHARASHTRA OPHTHALMOLOGICAL SOCIETY**

[To be filled in capital Letters]  
[Filling of all Columns Essential]  
Life Membership Fee Rs.2,500/-

AFFIX  
PHOTOGRAPH  
(PASSPORT  
SIZE)

**A. NAME: -** \_\_\_\_\_

**Address :-** Please mark the correspondence address.

|                                  |                           |                    |              |
|----------------------------------|---------------------------|--------------------|--------------|
| <b>Residential/Permanent</b> ( ) | <b>Clinic Address</b> ( ) |                    |              |
|                                  |                           |                    |              |
|                                  |                           |                    |              |
| <b>City:-</b>                    | <b>Pin:-</b>              | <b>City:-</b>      | <b>Pin:-</b> |
| <b>Phone No.:-</b>               |                           | <b>Phone No.:-</b> |              |
| <b>Mobile No.:-</b>              | <b>Email Id :-</b>        |                    |              |

**Date & Place of Birth: -**

**Marriage Anniversary:-**

**Age: -**

**Sex: - M / F**

**Memb.No.-Local-**

**AIOS-**

**B. QULIFICATIONS:-**

**Registration No.:-**

**Council:-**

**No. & Date:**

| <b>Degree/fellowship<br/>( Starting From Last )</b> | <b>University/institution</b> | <b>Year of obtaining</b> |
|---|-------------------------------|--------------------------|
|   |                               |                          |
|   |                               |                          |
|   |                               |                          |

**C. PROFESSIONAL ATTACHMENT**

| <b>Institution</b> | <b>Designation</b> | <b>From</b> | <b>To</b> |
|--------------------|--------------------|-------------|-----------|
|                    |                    |             |           |
|                    |                    |             |           |
|                    |                    |             |           |

**D. AWARDS / PAPERS (Published) IF ANY:**

| <b>Published</b> | <b>Title</b> | <b>Journal</b> | <b>Year</b> |
|------------------|--------------|----------------|-------------|
|                  |              |                |             |
|                  |              |                |             |
|                  |              |                |             |

**Area of interest (subspecialty):-**

|                    |                |           |
|--------------------|----------------|-----------|
| 1) Proposed by Dr. | Membership No. | Signature |
| 2) Seconded by Dr. | Membership No. | Signature |

**INSTRUCTIONS**

1. The Society reserves all rights to accept or reject any application
2. The Form should be filled completely in capital letters only
3. To be proposed and seconded by Ratified Life Member only. No application form will be accepted. Unless it is complete in all respects. Proposed and Seconded by existing Member of the **MOS**.
4. No application for membership will accepted unless it is completed in all details & forwarded along with a fee of **Rs. 2,500/-** for membership of society.
5. Every new Member will initially be provisionally admitted and shall be deemed to have become a full Member only after formal ratification by the General Body and issue of Ratification order by the Society. Only then he or she will be eligible to vote, or apply for any Fellowship / Award, propose or Contest for any Election of the Society.
6. Documents to be attached with application form:
  1. Copy of Degree ( MS/DNB/DOMS/etc.)
  2. Medical Council Registration Certificate.
  3. Two Colored Photographs (one to be pasted on the Application Form & second to be attached.)
  4. DD or Multicity Cheque **Rs.2,500/-** in favour of “**Maharashtra Ophthalmological Society**”
7. **Online membership will be available on [www.moseye.org](http://www.moseye.org)**
8. For Laminated Photo Identity Card will be issued after ratification of Membership in the next MOS Annual Conference

**DECLARATION:** - I hereby declare that the above details are correct. I wish to be life member. I have carefully read the instructions overleaf. 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.

I enclose Bank / DD / Multicity cheque No.:- ----- Dated: - ----- Bank: - -----  
 Rs. \_\_\_\_\_ (Rupees. \_\_\_\_\_)

**Signature of Applicant**

Address for sending Application :  
 Dr. Vardhaman Kankariya  
**Hon. Secretary**  
 Asian Eye Hospital  
 Above Fab India  
 Opposite Jehangir Hospital  
 Station road - Pune 411001  
 Mobile : 9860872666  
 Email : [vrhmn@gmail.com](mailto:vrhmn@gmail.com)

***For more details please visit: [www.moseye.org](http://www.moseye.org)***

**For office use only**

Name: - \_\_\_\_\_ Membership No. \_\_\_\_\_  
 Received DD / Multicity Cheque No. \_\_\_\_\_ Amount:- \_\_\_\_\_ Bank:- \_\_\_\_\_  
 On date \_\_\_\_\_ towards membership fees of Maharashtra Ophthalmological Society.

Signature of Secretary

**For Laminated Photo Identity Card**

(Will be issued after ratification of Membership in the next MOS Annual Conference)



**Specimen Signature**

