HIMACHALPRADESHOPHTHALMOLOGICALSOCIETY

MEMBERSHIPAPPLICATIONFORM

PERSONAL INFORMAION

PHOTOGRAPH RECENT

NAME

D O B -------/-------/----- (MM/DD/YYYY)

GENDER ☐ Male ☐ Female

Mobile Phone

Email ID

ADDRESS (Residence)

City

Pincode State

Country

ADDRESS (OFFICE)

City Pin code

State Country

HPOS CORRESSPONDE TO BE SENT ON:

Office Residence

QUALIFICATION

Degree (MBBS,MD/MS/DOMS)

University

Year of Passing

State in Which Registered

Registration No.

PROPOSED BY

Name

Membership No.

Signature

SECONDEDBY

Name

MembershipNo.

Signature

PAYMENT INFORMATION

Account No.0375010100006496

IFSC: PUNB0042700

Name : HP Ophthalmological Society

Enclosed Bank Draft No.

Date

Bank Name For Rs.

Specimen Signature

Declaration: I hereby declare that all the above details are correct. I wish to be a life member. I havecarefullyreadtheinstructions.Ishallabideby the Rules, Regulations and Bye Laws of the HPOS as inforce and any subsequent amendment(s)made from time to time.

Date: Signature of Applicant

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INSTRUCTIONS

- The Society reserves all rights to accept or reject any application.
- The form should be filled completely in capital letters.
- To be proposed and seconded by HPOS Ratified Life Member only.
- Every new member will initiallybe provisionally admitted and shall be deemed to have become a full member only after formal ratification by the General Body.
- Resident doctors must submit proof of residency certificate issued by head of the Department.

- **Membership Fee:**

1. Life membership fee Rs. 2500/-
2. Associate membership fee Rs. 1500/-(for Resident Doctor /Post Graduate students .

- Payment to be made through Bank Draft only.
- The application form should be complete in all respects and accompanied by a Demand Draft of Rs. 2,500/- in favor of"HPOS" payable at PNB The Mall Shimla.
- Fee can also be deposited online. Name of Bank :
  Punjab National Bank Shimla, The Mall.
  AccountNo. **0375010100006496.**
  IFSC Code: PUNB0042700.

  MICRCode:171024002.

- Documents to be attached with application form:
  1. Copy of Degree MBBS/MD/MS/DNB/DOMS.
  2. Proof of residence Aadhar/Passport/DL
  3. One colored photograph to be pasted on the form.
  4. One colored photograph to be attached with form.
  5. Residency certificate in case of Resident Doctor.

Address for sending application form :

Dr. Vinay Gupta, Associate professor
Department of Ophthalmology
Indira Gandhi Medical College ,
Shimla.171001
Contact Details- 9418110161
Email -drvinay66@gmail.com