

HIMACHAL PRADESH OPHTHALMOLOGICAL SOCIETY

MEMBERSHIP APPLICATION FORM

NAME (IN CAPITAL LETTER)

PRESENT DESIGNATION

ADDRESS:

OFFICE (PRESENT ATTACHMENT)

RESIDENTIAL (MAILING) (IN CAPITAL LETTERS)

STATE

PIN CODE

TELEPHONE NO.

E-MAIL:

ACADEMIC QUALIFICATION:

DEGREE/DIPLOMA/CERTIFICATE	INSTITUTE	UNIVERSITY	YEAR

ACHIEVEMENT:

Award/oration/guest/lecturer/presentation in diff. Conf/seminar/publication

NAME	INSTITUTE		YEAR

INTEREST:

ONGOING RESEARCH PROJECT

I DO HERE BY CONFIRM TO JOIN THE ORGANIZATION

FORWARDED BY
(HPOS MEMBER)

(FULL SIGNATURE)

Duly filled up form along with two passport size coloured photograph and a demand drafts @Rs.1500/- (Rupees one thousand five hundred only) (for associate member) Rs.2500/- (Rupees two thousand five hundred only) (Life membership fee) in the favour of Himachal Pradesh ophthalmological society payable at Punjab National Bank The Mall Shimla should be sent by registered post to treasurer Dr. Vinod Kashyap associate professor deptt. Ophthalmology IGMC Shimla-HP171001, phone No. 0177-2883475 Fax: 0177-2804251
E-mail: gianchand11@yahoo.com