



OPHTHALMOLOGICAL SOCIETY OF WEST BENGAL

IMA House, First Floor, Room No. 8, 53, Creek Row, KOLKATA-700014

Telefax : (033) 2236-6350, Tel. : 2237-1679

Email : oswb@vsnl.com Website : www.oswb.org

Dear Member,

Date : 14-11-08

Greetings from Ophthalmological Society of West Bengal.

We are in the process of issuing Membership Cards to all our members, existing and new. Hence, we wish to update our database to correct your details with us.

We request you to please fill up the attached form along with a recent passport size photograph and send the same to us at the earliest. You may also hand over the completed form to a Medical Representative of M/s Syntho Pharmaceuticals visiting you.

M/s Syntho Pharmaceuticals has been kind enough to sponsor the Membership Cards.

Thanking you,
Sincerely yours,

Dr. Ashis K. Bhattacharya
Hony. Secretary, O.S.W.B.

MEMBER'S PERSONAL DETAILS

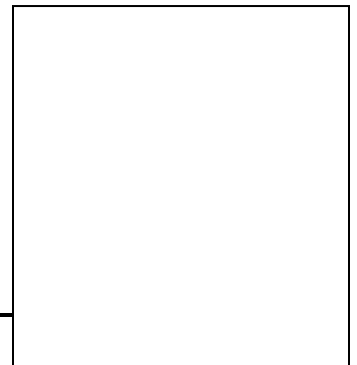
(Please use BLOCK CAPITALS)

NAME : _____

CORRESPONDENCE ADDRESS : _____

_____ PIN : _____

PERMANENT ADDRESS : _____



_____ PIN : _____

CLINIC ADDRESS : _____

_____ PIN : _____

PHONE : _____ MOBILE : _____

EMAIL : _____

YEAR OF GRADUATION _____

YEAR OF POSTGRADUATION _____

POST GRADUATE TRAINEE (YES / NO) _____ IF YES SINCE _____

MEMBER OF O.S.W.B. SINCE : _____ MEMBERSHIP NO. _____

TYPE OF MEMBERSHIP : _____

Date

Signature