

Ophthalmological Society Of West Bengal

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Reg. No. S/33408 of 1981-82

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APPLICATION FORM FOR MEMBERSHIP

Please fill up in BLOCK CAPITALS

All fields must be filled. Please enter N.A. where information is not available

01. Name in full _____

02. Date of birth _____

03. Present Address _____

Pin _____ Phone / Fax _____

04. Permanent Address _____

Pin _____ Phone / Fax _____

05. Office Address _____

Pin _____ Phone / Fax _____

06. Mobile Phone No _____

07. E – Mail id _____

08. AIOS Membership No _____

09. Academic Records

DEGREE	YEAR	INSTITUTION AND CITY
MBBS		
DO / DOMS		
MS / MD		
Others		

10. Medical Registration No _____

11. Type of Membership applied for _____

Signature with date

Proposed by : _____ Seconded by : _____
OSWB Membership No. _____ OSWB Membership No. _____

(Signature with date)

(Signature with date)

IMPORTANT :

1. Please enclose the following with the application form duly filled up :

- Self attested copy of MBBS Certificate
- Self attested copy of Permanent Registration Certificate issued by State Medical Council
- Self attested copy of Post Graduation Qualification Certificate
- Two recent passport sized photographs

2. Intimation for payment of subscription will be sent only after scrutiny of application form. DO NOT send any payment now.

Decision of Executive Committee with comments :