

Delhi Ophthalmological Society

Paste
Photo

(LIFE MEMBERSHIP FORM)

The Photo Identity Card will be issued after your Membership is ratified by the General Body during the next Annual DOS Conference

Name (In Block Letters) _____

S/D/W/o _____ Date of Birth _____

Qualifications _____ Registration No. _____

Sub Speciality (if any) _____

ADDRESS

_____ Phone _____

Email _____ Mobile No. _____

Proposed by

Dr. _____ Membership No. _____ Signature _____

Seconded by

Dr. _____ Membership No. _____ Signature _____

[Must submit a photocopy of the Address proof, Pan Card, MBBS/MD/DO, State Medical Council / MCI Certificate for our records.]

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
(Life membership fee Rs. 5600/- payable by DD for outstation members. Local Cheques acceptable, payable to Delhi Ophthalmological Society)

Please find enclosed Rs. _____ in words _____ by Cash _____

Cheque/DD No. _____ Dated _____ Drawn on _____

Signature of Applicant
with Date

Three specimen signatures for I.D. Card.

FOR OFFICIAL USE ONLY

Dr. _____ has been admitted as Life Member of the Delhi Ophthalmological Society by the General Body in their meeting held on _____
His/her membership No. is _____. Fee received by Cheque/DD No. _____ dated _____
drawn on _____.

(Secretary DOS)

INSTRUCTIONS

1. The Society reserve all rights to accept or reject the application.
2. No reasons shall be given for any application rejected by the Society.
3. Every new member is entitled to receive the Society's Bulletin (DOS Times) and quarterly Journal DJO (Delhi Journal of Ophthalmology) of the Society free.
4. Every new member will initially be admitted provisionally 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.
5. 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 Delhi Ophthalmological Society.
6. Photo ID Card will be issued only after the membership is ratified by the General Body.
7. Resident doctors must submit Delhi address proof with validity after completion of their residency failing which they will be treated as non-Delhi members.
8. **Documents to be attached with application form:**

Copy of Address Proof (Mandatory)

**Passport/Licence/Voters Identity Card/Ration Card/ Electricity Bill/MTNL (Landline) Telephone Bill
(Delhi Life Member should either reside or practice in Delhi.)**

1. **Copy of Degree (MBBS / MD / DNB)**
2. **Copy of Registration Certificate (Medical Council of India or State Medical Council)**
3. **Copy of PAN Card**
4. **One Stamp size Coloured Photograph to be pasted on the Application Form and one stamp size coloured photograph to be attached with form for issue of Laminated Photo Identity Card (to be issued only after the Membership ratification by GBM).**

9. Membership Fee

There is life membership on one Time Payment of Rs. 5,600/- only.

1. Life membership fee Rs. 5,000/- (This money will be part of corpus of Society)
2. Admission fee Rs. 600/-

The application form should be complete in all respects and accompanied by a Demand Draft of Rs. 5,600/- in favour of "Delhi Ophthalmological Society" payable at New Delhi should be sent:

**Dr. Jatinder Singh Bhalla
Secretary
Delhi Ophthalmological Society**

A-23, 1st Floor, Green Park, New Delhi - 110016

10. For update address for sending application, please visit website [www: dosonline.org](http://www.dosonline.org)