

7. Communications to be sent to: Office/ Residence address

8. Presently in Govt. Hospital/ Private Institution/ Private Practice

9. Practice Details:

10. Interest/ Hobbies:

11. Introduced by:

| Member Name | Signature | Life Membership No. |
|-------------|-----------|---------------------|
| | | |
| | | |

12. Deposit Details:

| Cheque/Demand Draft/NEFT No | Bank/Branch | Date |
|-----------------------------|-------------|------|
| | | |

Signature: _____ Date: _____

PLEASE SEND THE COMPLETED FORM ALONG WITH:

1. Two stamp size photographs
2. Photocopy of Medical Council Registration Certificate
3. Life Membership Fee is Rs 2,500/- (Two Thousand Five Hundred Only)
(PLEASE ADD Rs 100/- FOR CASH DEPOSITS)
4. Mode of Payment
 - a) Deposit the amount, by cheque/NEFT favouring
KARNATAKA OPHTHALMIC SOCIETY, in any branch of
VIJAYA BANK, A/C No 105501011001769 or
STATE BANK OF INDIA, A/C No 32677843647
and send the ORIGINAL Counterfoil to the Secretary along with
the completed Application Form.
 - b) Cheque/DD can also be sent along with the application form
 - c) CASH deposits should be Rs 2600/- without which application will
not be processed



FOR OFFICE USE:

Received
on: _____

Receipt
No: _____ Dt: _____

LM Certificate &
Badge: _____

Send Completed Forms To:

Dr Krishna Prasad K
Hon. Secretary, Karnataka Ophthalmic Society,
Prasad Nethralaya, A J Alse Road,
Udupi - 576101
Mob: 9845102334, 0820-2593323
Email: kpkudlu@yahoo.com