



INDORE DIVISIONAL OPHTHALMOLOGICAL SOCIETY

Membership Form

Do Not
Staple
Photographs

Name _____

Date of Birth _____ Blood Group _____

Ophthalmology field of Speciality _____

Correspondance Address _____

_____ Ph. _____

Residential Address _____

_____ Ph. _____

Clinic 1 _____

Ph. _____ Fax _____

email _____ web _____

Clinic 2 _____

Ph. _____ Fax _____

Mobile _____

Spouse Name _____ Age _____

Education _____ Blood Group _____

Children 1. _____ Education _____

2. _____ Education _____

3. _____ Education _____

DATE :

SIGNATURE

FOR OFFICIAL USE ONLY

Dr. _____ has been admitted as Life Member of the Indore Divisional Ophthalmological Society in Executives meeting held on _____. His / Her membership No. is _____. Fee received by Cash / Cheque / DD No. _____ Dated _____ drawn on _____.

Hon. Secretary IDOS.