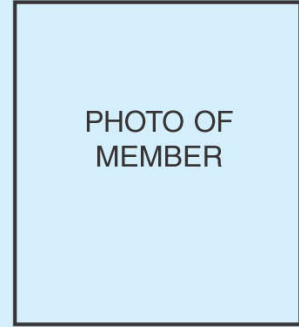




APPLICATION FOR LIFE MEMBERSHIP OF TELANGANA OPHTHALMOLOGICAL SOCIETY, HYDERABAD.



Applied For Life Member Member in waiting

Existing APOS members need not apply.

Name (In Block Letters)

Father's / Husband's Name :

Age : Sex : Date of Birth

Native District

Address (Present)

.....

.....

Address (Permanent)

.....

.....

Mobile : E-mail:

Designation :

Academic Qualification :

MBBS Year : PG DO. MS DNB Year (For Life Member)

Joined PG in Ophthalmology Year : (for member in - waiting)

Note : Existing APOS members need not apply.

Date :

Signature of the candidate

Membership Fee : Rs. 2,000 for Practitioners
Rs. 1,500 for PGS

DD/At Par Cheque No. :

Remarks of Secretary :

DD/Cheque in favour of "TELANGANA OPHTHALMOLOGICAL SOCIETY" Payable at Hyderabad.

Kindly send the completed forms to : **Dr. A. RAVINDRA**, Teja Eye Hospital, H.No. 6-2-58,
Kakaji Colony, Hanamkonda- 506001. Cell: No. 98664 26367