



Kerala Society Of Ophthalmic Surgeons
Application form for Membership (Life)

1. Full Name (Capital Letters) :
2. Father's / Husband's Name :
3. Sex : 4. Date of Birth :
5. Permanent Address :
-
6. Mailing Address :
-
7. Qualifications :
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<i>Diploma</i>	<i>Institute/college Where studied</i>	<i>University</i>	<i>Year of Passing</i>
Non Medical			
Medical			
Honorary			

8. Whether registered for basic qualification / Specialities: **Yes / No**

If Yes, Number : Date : State Council :

9. Are you a member of the All India Ophthalmological Society? **Yes / No**

If Yes, Number :

10. Present position (Employed, own practice)

11. Introduced By Signature

Name & Address of Life Member

I hereby apply for the membership of Kerala Society Of Ophthalmic Surgeons and agree to obey all the rules of the Society.

Place:

Signature

Date:

(Applicant)

Please make draft of cheque in favour of K.S.O.S., Kochi.

a) Life Membership Free	Rs.1000.00
b) Admission Fee	Rs. 50.00

	Total* : Rs.1050.00

*Add Bank commission for outstation cheque - Rs. 50.00

Kindly send the complete application and draft to :

Dr. S.J. Saikumar,
Giridhar Eye Institute,
Ponneth Temple Rd , Kadavanthra,
Kochi - 682020, Kerala
Ph: 9847040840

Send the application along with a copy of your Medical Council Registration Certificate. Please make draft or cheque in favour of K.S.O.S., Kochi.