



Karnataka Ophthalmic Society ®

Secretariat:
Prasad Nethralaya, A J Alse Road,
Udupi - 576101
Mob: 9845102334, 0820-2593323
Email: kpkudlu@yahoo.com

Life Membership Application Form

1. Full Name:

2. Date of Birth:

Sex:

3. Qualification:

| Degree | Year | College/University |
|--------|------|--------------------|
| MBBS | | |
| DO | | |
| MS | | |
| DNB | | |
| Others | | |

4. Medical Council Registration No:

State of Registration:

5. Address:

| Residence | Office |
|-----------|--------|
| | |

6. Contact Details:

| | |
|------------------|--|
| Mobile No. | |
| Home Phone No. | |
| Office Phone No. | |
| Email Address. | |

Specimen Signatures: (Please sign within the box provided)

1)

2)

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 4,000/- (Four Thousand Only)
{Rs 2500/- from Jan to June 2019 and Rs 4,000/- from July 2019}
(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 4100/- 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