



UP STATE OPHTHALMOLOGICAL SOCIETY

Tirupati Eye Centre, C-53C, Sector-33, Near NTPC Township, Noida-201301, U.P., India

Members
Recent
Photo

MEMBERSHIP APPLICATION FORM

(To be filled in block letters)

Name in Full: Sex

M	F
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Name of Father / Spouse

Date of Birth:

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 Year of Entry (MBBS)

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Address of Correspondence:
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.....
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Pin:

Mobile Number

Permanent Address:
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.....
.....
.....

Pin:

Mobile Number:

E-Mail:

	Qualification	Institution/University	Year
1
2
3
4

Registration No. and the State in which registered:

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PROPOSED BY

NAME.....

MEMBERSHIP NO.....

SECONDED BY

NAME.....

MEMBERSHIP NO.....

DECLARATION: I SHALL ABIDE BY THE RULES & REGULATIONS OF THE SOCIETY IN FORCE AND CHANGES IN IT FROM TIME TO TIME
I AM ENCLOSING A BANK DRAFT IN FAVOR OF UPSOS OF AMOUNT INR. 3000, PAYABLE AT NOIDA.

DD No.

The society has all the rights to accept or reject the application
No reasons will be given in case of rejection of the application
Please fill all the details and send the application along with the Demand Draft to the Secretariat
Filling physical off line form and recommendation of 2 members is mandatory

Signature:

(For Office Use Only)

The above application is in order and can be put in front of the general body of ratification.

Dated.....

Secretary General

Dr. Mohita Sharma

Tirupati Eye Centre

C-53C, Sector-33

Near NTPC Township, Noida-201301, U.P., India

Contact: 9560889495, 8882162011

E-mail: drmohita@tirupatieye.org

Website: www.upsosonline.com

Treasurer

Dr. Lalit Kumar

C/231, Sector-48

Noida-201301, U.P.

E-mail: drlalitkumarjec@yahoo.com
