

# Bihar Ophthalmic Association

## MEMBERSHIP APPLICATION FORM

### PERSONAL INFORMATION

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**Full Name:**

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**Father's Name:**

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**Date of Birth:**

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Age: \_\_\_\_\_

**Gender:**

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Mobile: \_\_\_\_\_

**Email:**

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### QUALIFICATION DETAILS

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**Qualification:**

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**Year of Passing:**

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**Institution:**

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**Current Working Place:**

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## ADDRESS

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**Complete Address:**

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**Pin Code:**

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## MEMBERSHIP TYPE

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- ÔÿÉ Yearly Membership (Rs 1,200)
- ÔÿÉ 5-Year Membership (Rs 5,000)
- ÔÿÉ Lifetime Membership (Rs 8,000)
- ÔÿÉ Yearly Student (Rs 600)
- ÔÿÉ 5-Year Student (Rs 2,000)

## DECLARATION

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I hereby apply for membership of Bihar Ophthalmic Association and agree to abide by the rules and regulations of the association.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## FOR OFFICE USE ONLY

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**Application Received:**

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**Membership No:**

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**Approved By:**

