

Bihar Ophthalmic Association

MEMBERSHIP APPLICATION FORM

PERSONAL INFORMATION

Full Name:

Father's Name:

Date of Birth:

Age:

Gender:

Mobile:

Email:

QUALIFICATION DETAILS

Qualification:

Year of Passing:

Institution:

Current Working Place:

ADDRESS

Complete Address:

Pin Code:

MEMBERSHIP TYPE

₹ Yearly Membership (₹ 1,200)

₹ 5-Year Membership (₹ 5,000)

₹ Lifetime Membership (₹ 8,000)

₹ Yearly Student (₹ 600)

₹ 5-Year Student (₹ 2,000)

DECLARATION

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

Application Received:

Membership No:

Approved By:

