



Cornea Society of India

Membership Form

Serial No. (for office use only) Dated.....

Please
affix a
photo

To,
The Hon. Secretary, Cornea Society of India

Dear Sir,
I wish to apply for active membership of the Cornea Society of India

Personal Particulars (in BLOCK Letters)

Name
(Surname) (First Name) (Middle Name)

Date of Birth Sex M/F Citizenship Passport No

Address: Office Residence
.....
.....

City City

State State

Pin Country Pin Country

Ph No. Ph No.

Mob. Mob.

Email :

Website :

*State Medical Registration No. Country / State

Academic Qualification	Year	University / Institution
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Years of practice in Ophthalmology :

Years of practice in Cornea :

Do you have formal training in Cornea :

Number of scientific publication in Cornea in peer reviewed journals :

Number of Scientific Presentations (approx) :

Appointments / Experience

Designation	Institution	From	To
.....
.....
.....

Membership Of Other Associations/Societies

Association

Society Membership No.

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I, hereby certify that the above information is correct to the best of my knowledge and I agree to abide by rules and bye-laws of the Cornea Society of India

Date:..... Signature.....

Address of the Institution / Hospital Attachment

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Tel.No..... Fax.....

Instruction for application - Please enclose the following:

- Attested photocopies of all certificates of academic qualification & registration of medical council.
- Two copies of passport size photograph in colour
- **DD** of Rs.5000 /- for Indian Life Members & 500USD for International Life Members drawn in favour of "**Cornea Society of India**"
- For online payment kindly logon to www.corneasocietyindia.org

Return the completed application from to:

Correspondence Address:

Cornea Society of India : Maruthi ' 688, 1st floor, 6th main, 3rd block, BEL layout, Vidyananyapura, Bangalore - 560097

Tel: 08023646880. E-mail: corneasocietyofindia@gmail.com | Website: www.corneasocietyindia.org

For Office Use

Application No. Received on

Submitted Membership subscription of Rs. / \$

Approved / Rejected Cash/ Vide Cheque / DD No

Dated Bank Name.....

Membership No. Alloted