

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:

Doctor Name	Signature	Life Membership No.

12. Draft/Deposit Challan/Online Transfer Details

Challan/At-Par Cheque 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. Specimen signature on a plain paper to be enclosed with the form
4. Life Membership Fee is Rs 2,500/-
(Rupees Two Thousand Five Hundred Only).
Deposit the amount in any Vijaya Bank Branch into
KARNATAKA OPHTHALMIC SOCIETY
A/C No 105501011001769 and send the ORIGINAL CHALLAN to the
Secretary along with the completed Application Form.
(AT PAR Cheque is also acceptable)

PLEASE STICK
YOUR
PHOTOGRAPH
HERE

Send Completed Forms To:

Prof. SAI GIRIDHAR KAMATH, MS(Ophth), FRCS(Ed)
Secretary KOS,
Deepa Eye Clinic,
Sri Sathya Sai Nursing Home,
Dongerkeri,
Mangalore - 575003

Ph: 9448144888

Email: secretary@kos-eye.org

FOR OFFICE USE:

Received on: _____

Receipt No: _____ Dt: _____

LM Certificate & Badge: _____