



Kerala Society of Ophthalmic Surgeons

Application form for Membership (Life)

Full Name (Capital Letters):

Father's / Husband's Name:

Sex: Date of Birth:.....

Permanent Address:

..... Pin.....

Mailing Address:

..... Pin.....

Phone Nos: HospitalResidence:.....

Mobile Number Email :.....

<i>Qualifications</i>	<i>Institute/college Where studied</i>	<i>University</i>	<i>Year of Passing</i>
Medical			
Fellowship			

Details of Medical Council Registration

Number:..... Date:.....

Name of State Council:.....

Details of the KSOS Life Member who is proposing you for membership

<i>Full Name of proposer:</i>		<i>Address:</i>	
<i>KSOS ID of proposer</i>	<i>Email Id</i>	<i>Mobile Number</i>	<i>Signature</i>

Details of the KSOS Life Member who is seconding you for membership

<i>Full Name of seconder :</i>		<i>Address:</i>	
<i>KSOS ID of seconder</i>	<i>Email Id</i>	<i>Mobile Number</i>	<i>Signature</i>

I hereby apply for the membership of Kerala Society of Ophthalmic Surgeons and agree to obey all the rules of the Society.

Place:

Signature

Date:

(Applicant)

Payment Details

Cash/ Cheque / DD Nofor Rsdated.....

Drawn on (Name of Bank).....

Payable at.....

For Office Use only

Received Cash/ Cheque / DD No.....for Rsdated.....

Receipt No:Membership No.....

All applicants are requested to carefully read the instructions overleaf

INSTRUCTIONS TO APPLICANTS FOR KSOS LIFE MEMBERSHIP

- 1) All fields in application form are mandatory
- 2) For Qualifications field (Medical), please enter the details of your Degree/Diploma (minimum of one is mandatory)
- 3) Please enclose a Photostat copy of your
 - a) Degree / Diploma Certificate
 - b) Medical Council Registration Certificate
- 4) Two stamp size photographs. Do not send passport size photographs.
- 5) Life Membership Fee : Rs 2000/-
- 6) Registration Fee : Rs 1000/-
- 7) Bank charges for outstation cheques : Rs 50/-
- 8) Cheque/DD is to be made in favour of **KSOS** payable at Kochi
- 9) Completed application forms along with relevant certificates and Cheque / DD is to be sent to the secretary , KSOS at the following address:-

Kindly send the complete application and draft to:

Dr. Sreeni Edakhlon

Chief Surgeon and Medical Director

Comtrust Charitable Trust Eye Hospital

City Centre

Thalassery

Kannur 670 101

Phone: 0490 2325234, 0490 2325590, 98956 18170

E mail: edakhlon@yahoo.com