



Kerala Society Of Ophthalmic Surgeons
Application form for Membership (Life)

Full Name (Capital Letters):

Father's / Husband's Name:

Age:..... Sex: M/F Date of Birth:

Permanent Address:

.....Pin.....

Mailing Address:

.....Pin

Phone Nos: Hospital Residence:

Mobile No: Email.....

<i>Qualification</i>	<i>Institution</i>	<i>University</i>	<i>Year of Passing</i>
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Medical

Fellowship

Details of Medical Council registration

Number

Date

Name of State Council

Introduced by – Name and Address of KSOS Life Member

.....
.....

SignatureKSOS Membership No.

I hereby apply for Life Membership of Kerala Society of Ophthalmic Surgeons and agree to abide by the rules and regulations of the Society.

Signature of applicant.....

Place

Date

Signature for ID card

Instructions to applicants for KSOS Life Membership

1. Please enclose a Photostat copy of your
 - a. Degree / Diploma certificate
 - b. Medical Council Registration certificate
2. Two **stamp size** photographs. Do not send passport size photos
3. Life Membership fee - **Rs 2000/-**
4. Registration fee - Rs 1100/-
5. Bank charges for outstation cheques - **Rs. 50/-**
6. Cheques / DD is to be made in favour of KSOS payable at Cochin
7. Completed application forms along with relevant certificates and Cheque / DD is to be sent to the Secretary, KSOS at the following address :

Payment details

Cash / Cheque / DD No. for Rs. dated

drawn on (name of bank).....

payable at

For office use

Received cash / DD / Cheque for Rs..... on

Receipt No:..... Membership No:

Kindly send the complete application and draft to:

Dr. Thomas Cherian
'Cherish'
Bye Lane No. 2
Siva Temple Road
Thottakkattukara
Aluva - 683108
Kerala
Ph: 9388605608

Send the application along with a copy of your Medical Council Registration Certificate. Please make draft or cheque in favour of K.S.O.S., Kochi.