



# Strabismus and Pediatric Ophthalmological Society of India (SPOSI)

## APPLICATION FORM FOR MEMBERSHIP

(Please Fill This Form In Capital Letters)

Name: \_\_\_\_\_

S/D/W/o: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Pin: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Passport Size  
Photo

S. No.	Academic Qualifications	University	Year
1.			
2.			
3.			
4.			

Present Status: \_\_\_\_\_

Registration No & State in which Registered: \_\_\_\_\_

Proposed By: \_\_\_\_\_ Sign: \_\_\_\_\_ SPOSI No.: \_\_\_\_\_

Seconded By: \_\_\_\_\_ Sign: \_\_\_\_\_ SPOSI No.: \_\_\_\_\_

I wish to be  Life Member  Associate Member (Criteria of membership in Constitution)

**Declaration:** I declare that the above details are correct. I shall abide by the regulations of the society in force and any subsequent amendments.

Signature

**Payment Details:** (At par Cheque/ Draft in the name of: "SPOSI" payable at Jaipur)

At par Ch/Draft No: \_\_\_\_\_

Drawn on Bank: \_\_\_\_\_ Date: \_\_\_\_\_

For Rupee: \_\_\_\_\_ (in words) \_\_\_\_\_

Secretariat Office: Prof (Dr.) Yogesh Shukla

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