



Strabismus and Pediatric Ophthalmological Society of India (Registered as Strabismological society of India)

APPLICATION FORM FOR MEMBERSHIP

(Please Fill This Form In Capital Letters)

Name: _____

S/D/W/o: _____

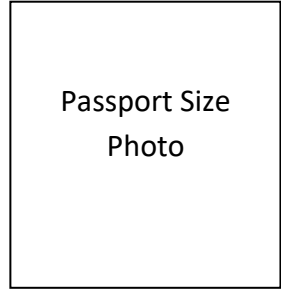
Date of Birth: _____ Age: _____

Address: _____
_____ Pin: _____

Mobile: _____ Mobile: _____

Phone: _____ FAX: _____

Email: _____



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: (Online Payment through NEFT / IMPS / DD)

Name: **Strabismological Society of India**

Bank Name: **Bank of Baroda** Account Number: **21600100021952**

Branch: **Nehru Place, Jaipur** IFSC Code: **BARB0NEHJAI**

NB: -

- 1. Life membership fee is Rs. 5000/-**
- 2. Postgraduate students with interest in Strabismus and Pediatric Ophthalmology may also apply.**
- 3. Attach print out of the NEFT transaction along with the application submitted to the secretary.**

Secretariat Office: **Dr. P. K. Pandey**

170 A, Pocket 4, Mayur Vihar, Phase 1 Delhi 110091.

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