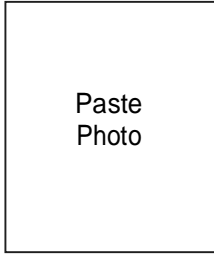


Receipt No. Date Rs. Membership No.



Tamil Nadu Ophthalmic Association
Membership Form
[To Be filled in Capital Letters] Current
Membership Fee Rs. 4600/- [Filling of all
Columns Essential]



Name Aadhaar No: Sex

Date of Birth Place of Residence

Address for correspondence:

City..... Pin Code..... State

Telephone Mobile E - mail ID:

Qualification :

Degree (Starting From Last)	University	Year of Passing
1.....		

Council in which Registered Registration No.

Proposed by Dr. Membership No. Signature

Seconded by Dr. Membership No. Signature

Declaration I hereby declare that the above details are correct. I wish to be Life member. I have carefully read the instruction overleaf. I shall abide by the Rules, Regulation & Bye -Laws of the Association as in force and any subsequent amendment(s) made from time to time.

I enclose Bank Draft No. Dated. Bank

for Rs. (Rupees.....)

Date :

Signature of Applicant _____



For Laminated Photo Identity Card
(Will be issued after ratification of Membership in the next TNOA Annual Conference)

Name:

Membership No. :

Specimen Signature

Of the applicant (in Black Ink) 1. 2.

(Member's Signature)

(Member's Signature)

INSTRUCTIONS

1. The form should be filled completely in capital letters only
2. To be proposed and seconded by Ratified Life Member only. No application form will be accepted unless it is complete in all respects. Proposed and Seconded by existing members of the TNOA.
3. Every New Member is entitled to receive Association's Journal free of charge provided s subscription stands paid up to date.
4. Every new Member will initially be provisionally admitted and shall be deemed to have become a full Member only after formal ratification by the General Body and issue of Ratification order by the Association. Only then he or she will be eligible to vote, propose or contest for any Election of the Society.
5. Payment should be made through Bank Draft only.
6. Documents to be attached with application form :
 1. Copy of Degree (MBBS / DO / MS / DNB / etc.) Or Medical Council Certificate.
 2. One Coloured Stamp size Photograph to be pasted on the Application Form.
 3. One Coloured Stamp size photograph to be attached with form.
- 4. DD tor Rs.4600/- in favor of 'Tamil Nadu Ophthalmic Association" payable at Villupuram.**
7. In case of applicant living abroad depending upon the address, the Membership fee shall be payable in USD only.
8. The Association reserves all rights to accept or reject any application
9. Address for sending Application :

Dr.V.MADHAVAN

Hony. General Secretary

Tamilnadu Ophthalmic Association

ABIRAMI EYE HOSPITAL

#37, EVN Road, ERODE

Cell: 98427 55802

Email:

madhuerode@gmail.com

tnoasecretary@gmail.com