



**OCULAR TRAUMA SOCIETY OF INDIA
(O.T.S.I.)**

Paste your passport
size photograph
here

MEMBERSHIP APPLICATION

1. Name _____
2. Date of Birth _____ Sex _____
3. Wedding Anniversary _____ Spouse Name _____
4. Qualification _____
Degree / Diploma / DNB _____ University _____ Year of Passing _____
Academic Interest _____
5. Fellowship _____ Institute _____ Year _____
6. Mailing Address _____

7. Phone _____ Mobile No. _____
8. Fax _____ E mail _____
9. Current Designation _____
Place _____ Year _____
10. Present place of work _____
11. Professional Membership _____

(AIOS / DOS / Others) _____

Membership No. _____

12. Total no. of publications in last 3 years _____

13. Proposed by _____ Seconded by _____

Membership No. _____ Membership No. _____

Address _____ Address _____

Signature _____ Signature _____

14. Payment (DD/At Par Cheque of Rs. 3,500/- in favor of **“Ocular Trauma Society”**

Payable at Gwalior, M.P.)

DD / Cheque No.: _____ Dated: _____

Bank Name: _____

Please send the Demand Draft/Cheque to:

Dr. Mehul Shah
General Secretary – O.T.S.I.
Pitruchhaya
Gokul Society
Chakalia Road
Dahod, 389151
Mob: 9898022594
Email: otsioffice@gmail.com
Website: www.otsi.in

15. Signature of the applicant _____ Date: _____