



INDIAN SOCIETY OF CORNEA AND KERATOREFRACTIVE SURGEONS

INDIAN SOCIETY OF CORNEA AND KERATOREFRACTIVE SURGEONS (LIFE MEMBERSHIP APPLICATION FORM)

Name (BLOCK LETTERS).....

S/D/W/of.....DOB(dd/mm/yy).....

Qualifications.....

ADDRESS

Correspondence.....

.....Phone.....

Hospital / Clinic.....

.....Phone.....

Mobile.....FAX.....

Nationality Email.....

I wish to become a Life Member of the 'Indian Society of Cornea and Keratorefractive Surgeons' and shall abide by the Constitution and Rules & Regulations of the Society.

Please Find enclosed my membership Fees of Rs. _____(in words)

Rs. _____ By Cash/Cheque/DD No. _____ dt. _____ drawn on _____.

Also enclosed is a brief C.V. (max 2 pgs) highlighting my training and experience in Cornea specialty&/or Keratorefractive surgery & degree Certificate.

I declare that the information provided by me as above is correct

(Signature of Applicant)

FOR OFFICIAL USE

Dr. _____ has been admitted as a Life Member of the Indian Society of Cornea and Keratorefractive Surgeons in the Governing Body Meeting held on _____ His/Her membership no. is _____, Membership Fee received by Cash/Chq/DD no. _____ dated _____ drawn on _____

Address: ISCKRS Secretariat - Dr. Rajesh Sinha, 474, 4th Floor, R.P. Centre for Ophthalmic Sciences AIIMS

Life Membership fee is Rs. 3,000/- payable by local (Delhi) Cheque or by Demand Draft payable at Delhi in favour of "Indian Society of Cornea and Keratorefractive Surgeons".