



OPHTHALMOLOGICAL SOCIETY OF PAKISTAN (KARACHI BRANCH)

APPLICATION FOR MEMBERSHIP

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The Secretary,
Ophthalmological Society of Pakistan,
Karachi Branch,

Dear Sir,

I wish to apply, to be a member of the Ophthalmological Society of Pakistan, Karachi Branch. I have read the rules and regulations of the society and, if selected, agree to abide by them. My Particulars are as under:

Name: _____

Father's/Husband's Name: _____

N.I.C No: _____ Phone(Res)# _____ Cell# _____

Address (Res.): _____

Address (Clinic/Office): _____

_____ Phone# _____ E-mail: _____

Qualifications	Institute	Year

PMDC Registration No. _____

Valid upto: _____

Proposed by: _____

Signature of candidate

Name Membership No. (OSP) Signature

Seconded by:

Name Membership No. (OSP) Signature

Enclosed:

1. Payment should be made by a crossed cheque or pay order, in favour of "Ophthalmological Society of Pakistan, Karachi".
2. Two passport size recent photographs.
3. Attested photocopy of postgraduate qualification and valid PMDC Registration Certificate.
4. Copy of CNIC.

Note: Membership Fee: Admission Fee: Rs: 500/=

(a) Life member Rs.5000/- in lump sum
(b) Ordinary member Rs.1000/- yearly
(c) Associate member Rs.1000/- yearly

FOR OFFICE USE ONLY

Selected by Executive Committee on (date): _____ Membership No. _____
As Ordinary Member/ Associate Member/ Life Member

Secretary: _____