



Application for Membership

Please affix a photo

Full Name _____
(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

Gender : M F **Date of Birth:** Date _____ Month _____ Year _____ Age: _____

Present Address : _____

City _____ Pin Code : _____ State : _____ Country : _____

Mobile: _____ Landline: _____

mail: _____

Institution : _____ Designation: _____

State Medical Council Number: _____

Highest medical qualification : : _____ Year _____

Years of practice in **Ophthalmology** : _____ **Uveitis** : _____

Do you have formal training in Uveitis : _____

Number of scientific publication in Uveitis in peer reviewed journals : _____

Number of scientific presentations: _____

Number of USI meetings attended in last 5 years : _____

Reference 1 _____ **Reference 2** _____

LIFE MEMBERSHIP FEE Rs. 5900/- (Includes 18% GST)

Mode of Payment :

- At Par Cheque/DD to be drawn in favour of **UVEITIS SOCIETY** payable at **Hyderabad**
- For Online Registration & Payment Kindly log on to

Mandatory Documents to be Submitted

- Self Attested Copy of State Medical Council Registration Certificate
- Two Recent Passport Size Photographs

Uveitis Society of India

Maruthi ' 688, 1st floor, 6th main, 3rd block, BEL layout, Vidyaranyapura, Bangalore. 560097.

Mob: +91 9591732274 | **Email:** uveitissociety@gmail.com

Signature of the Applicant

For Office Use

Application No _____ Received on _____

Submitted _____ Membership subscription of Rs. / \$ _____

Approved / Rejected _____ Cash/ Vide Cheque / DD No _____

Dated _____ Bank Name _____

Membership No. Alloted _____