



OPHTHALMOLOGICAL SOCIETY OF ASSAM

Reg. No: KAM (M)/240/A 23/273 of 2010-2011

(Life affiliated to All India Ophthalmological Society)

LIFE MEMBERSHIP APPLICATION FORM

Name: (In Block Letters) _____

S/D/W/of _____

Date of Birth : _____ MCI Registration No _____

Educational qualification:

Sub Specialty (if any)

Present Position _____

Address for Correspondence:

Permanent Address:

E-Mail :

Contact No.

Affix
Passport Size
Photograph

Proposed By	Seconded By
Dr- Membership No : Signature	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 instructions overleaf. I shall abide by the Rules, Regulation & Bye-Laws of the Society as in force and any subsequent amendment(s) made from time to time.

Please find enclosed for Rs.3000 (Rupees Three thousand only) by online transfer/ Demand Draft / cheque drawn on

.....

No.....

Dated:

Specimen Signature Of the applicant (in Black Ink) for ID card

Signature of the applicant

Date

FOR OFFICE USE

Dr _____ has been admitted as life member of the Ophthalmological Society of Assam & ratified by the general body in the meeting held on-----

His /Her membership No. is _____.

Fee received by Online transfer /Cash/Demand Draft/Cheque drawn on

.....No.....Dated.....

Secretary OSA

Treasurer OSA

(Instructions overleaf)

INSTRUCTIONS

1. No application form will be accepted, unless it is complete in all respects
2. Application must be Proposed and Seconded by Life Member of OSA.
3. 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.
4. Documents to be attached with application form:
 - 4.1. Copy of Degree (MBBS/MD/DNB/etc.) & Medical Council Certificate
 - 4.2. Two colour photograph to be attached with form
5. Every life member is entitled to receive Society's Journal and Annual Proceedings free of charge.
6. **LIFE MEMBERSHIP FEES Rs 3000 /-**
 - 6.1. In favour of 'OPHTHALMOLOGICAL SOCIETY OF ASSAM'
 - 6.2. By Online transfer/Demand draft/Cheque, payable at Guwahati, Assam
 - 6.3. Bank Name: Punjab National Bank, Branch Beltola Bazar (2027), Kamrup(M), Guwahati-781029
 - 6.4. Account number: **0002010322263**
 - 6.5. IFSC code: **PUNB0202720, MICR Code: 781024033, PAN AAAT02730M**
7. The Society reserves all rights to accept or reject any application
8. Address for sending application

Dr. Jayanta Kumar Das, General Secretary, RN
311, OPD 8, Sri Sankaradeva Nethralaya, 96,
Basistha Road, Guwahati-781028
Mob: 9864085664
Email: jk2269929@yahoo.co.in

Or, Dr Kruto Kalita, Treasurer, OSA
Guwahati Eye Hospital, Opp. Hanuman
Mandir, GS Road, Guwahati-781007
Mob: 9954747897
E-mail: kalitakruto@gmail.com

OSA Executive Body (2019-2020)

President	Dr.Subhra Kinkor Goswami	Vice President	Dr.Gauri Sankar Gogoi
General Secretary	Dr.Jayanta Kr.Das	Asstt. General Secretary	Dr.Amarendra Deka
Treasurer	Dr.Kruto Kalita	Chairperson Scientific Committee	Dr.Abhijit Kr.Handique
Chairperson Academic & Research Committee	Dr.Satyen Deka	Editor Journal	Dr.Haimanti Choudhury
		Editor Proceedings	Dr.Nilutparna Deori
		Webmaster	Dr.Rajiv Kr.Das

Executive Body Members:

Shahinur Tayab (Central Zone)

Jhumur Choudhury (East Zone)

Dhiraj Sangwan (North Zone)

Jaya Nath (South Zone)

Mayur D Bharali (West Zone)

Pankaj Baruah (GMC)

Zakir H Laskar (SMC)

Deepanjan Ghosh (AMC)

Immediate Past President

Immediate Past General Secretary

Immediate Past Treasurer

Dr. Premeswar Nath

Dr. Rajendra Nath Gogoi

Dr. Arup Deuri

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