



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 Silchar (Cachar), Assam
 - 6.3. Bank Name: Punjab National Bank, Hospital Road, Silchar (Cachar), Assam-788005
 - 6.4. Account number: **0002010322263**
 - 6.5. **IFSC code : PUNB0311000 MICR code: 788024002**
 - 6.6. **PAN AAAT02730M**
7. The Society reserves all rights to accept or reject any application.
8. Address for sending application.

Dr. Nilanjan Kaushik Thakur, General Secretary, OSA,
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OSA Executive Body (2023-2024)

| | | | |
|---------------------------------|-----------------------------|----------------------------------|-------------------------|
| President | Dr.Subhra Kinkor Goswami | Vice President | Dr.Gauri Sankar Gogoi |
| General Secretary | Dr. Nilanjan Kaushik Thakur | Asstt. General Secretary | Dr. Parthasarathi Gayan |
| Treasurer | Dr. Gautam Roy Sharma | Chairperson Scientific Committee | Dr.Abhijit Kr.Handique |
| Chairperson Academic & Research | 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
Dr. Premeswar Nath
Immediate Past General Secretary
Dr. Jayanta Kumar Das

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