



Vitreo Retinal Society-India

MEMBERSHIP APPLICATION

1. Name : _____

(Surname)

First Name)

(Middle Name)

2. Date of Birth:

3. Gender: Female Male

4. Qualification:

Degree /Diploma/DNB

University

Year of Passing

5. Fellowship *Institute* *Year*

6. Residential Address: _____

Phone: _____ Email: _____

Fax: _____ Mobile: _____

7. Office Address: _____

Phone: _____ Fax: _____ Email: _____

8. Vitreo-Retinal Work Experience:

<i>Place</i>	<i>Year</i>
_____	_____
_____	_____
_____	_____

9. Present Place of work

10. Professional Memberships & Membership numbers:

11. Publications in the last 3 years

Total

First Author

Co-Author

1. _____

2. _____

3. _____

12. Proposed by – VRSI Member

13. Second by- VRSI Member

Name
VRSI Membership No.
Address

Name
VRSI Membership No.
Address

Signature

Signature

14. Details of Payment

DD of Rs. 5000/- _____
(No) (Bank) (Branch)

In favour of VITREO RETINAL SOCIETY – INDIA, payable at Bangalore

Please send the completed application accompanied with supporting documents mentioned below: to

Dr. RAJA NARAYANAN
Honorary Secretary – VRS- I
Head of Clinical Research
L V Prasad Eye Institute
Banjara Hills, Hyderabad 500034
Phone: +91-40-30612631

15. Signature of the Applicant: _____

Date: _____ (DD/MM/YY)

Encl: (1) Demand Draft (2) Curriculum Vitae (3)Copies of Fellowship Certificate or equivalent Certificate
(4) Copy of highest qualification Certificate viz. MS, DNB etc. (4) 2 colour photographs for photo ID card.

For official use only :

Application Approved : Yes / No

If not approved, reason _____.

Signature of Hon. Secretary _____, Date: _____.