



**Nomination Form
Vitreo Retinal Society – India**

Name of the post: _____

Candidates Details:

Name: _____

Qualification: _____

Address: _____

Phone#

Fax #

E- mail: _____

Mobile#

Date of Birth:

Membership# _____

Positions Held in the VRS-I:

Position

Year

Position	Year

Memberships in other societies:

Society

Type of membership

Society	Type of membership

	VRSI	National	International
Number of Conferences attended:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Presentations:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Publications in Peer reviewed Journals:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Most significant contributions to VRS-I: _____

Signature of the Candidate: _____

Proposed by:

Name:

VRS-I Membership # :

Address: _____

Seconded by:

Name:

VRS-I Membership # :

Address: _____

Signature: _____

Signature: _____

Last Date of Submission: 30 September 2018