



**Vitreo Retinal Society-India**

## MEMBERSHIP APPLICATION

1. Name : \_\_\_\_\_

(Surname)

First Name)

(Middle Name)

2. Date of Birth

3. Gender: Male  Female

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*

*SOLO Author*

*First Author*

*Co-Author*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

Note: Membership application will be processed within 30 days of receipt of completed forms. Incomplete application may have further delay. New Members will be ratified in the annual General Body Meeting during VRSI conference.

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**For official use only :**

Application Approved : Yes  / No

If rejected, reason -----

Signature of Hon. Secretary \_\_\_\_\_, Date: \_\_\_\_\_.