



**Name** \_\_\_\_\_  
(First Name) (Surname)

Affix Photo

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** (for correspondence in Block letters) \_\_\_\_\_

City \_\_\_\_\_ Pincode P P P P \_\_\_\_\_ State/country \_\_\_\_\_

Telephone (O) \_\_\_\_\_ (R) \_\_\_\_\_ Mobile\* \_\_\_\_\_

Fax: \_\_\_\_\_ Email\*: \_\_\_\_\_

<b>Qualifications</b>	Degree	University	Year of passing
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....

Have you done any formal glaucoma training (fellowship / senior residency in a glaucoma unit)

If yes, furnish details \_\_\_\_\_

State in which registered \_\_\_\_\_ Registration No. \_\_\_\_\_

**What type of practice do you have?**

- Institutional practice       Private practice
- Government service       Corporate hospital
- NGO hospitals       Combined       Others

\* - Mandatory



**What percentage of your practice consists of glaucoma patients?**

- No glaucoma practice       Less than 1/3rd  
 Less than 50%       More than 50%       Only glaucoma practice

**Are you a member of any other Ophthalmological society ?**

**If yes, furnish details**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Your application should be Proposed / Seconded by 2 life members of GSI above**

**Proposed by Dr.** \_\_\_\_\_ **Membership No.** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Seconded by Dr.** \_\_\_\_\_ **Membership No.** \_\_\_\_\_ **Signature** \_\_\_\_\_

The GSI life membership fee is currently Rs 2000/-. The Office address of GSI is

Glaucoma Imaging Centre  
 P-13 South Extension Part II  
 New Delhi 110049 India  
 Phone:(011) 26257803 / 26252000  
 email : glaucomIndia@yahoo.com

**Declaration:** I hereby declare that the above details are correct. I wish to be a Life Member. I have carefully read the instructions overleaf. I shall abide by the Rules, Regulations and Bye-laws of the Society as in force and any subsequent amendment(s) made from time to time.

**I enclose Bank Draft** \_\_\_\_\_ **Dated** \_\_\_\_\_ **on** \_\_\_\_\_

\_\_\_\_\_ **(Bank) for Rs. 2000/- (Rupees Two Thousand Only)**

**Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**for office use only**

**Receipt No.** \_\_\_\_\_ **Date** \_\_\_\_\_ **Rs.** \_\_\_\_\_

**Membership No.** \_\_\_\_\_