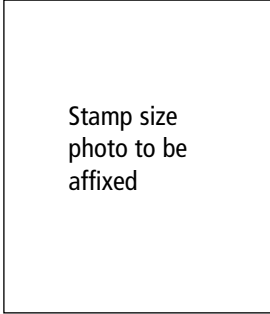




**Name** \_\_\_\_\_  
(First Name) (Surname)



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

**Address** (Correspondence In Block letters) \_\_\_\_\_

City \_\_\_\_\_ Pincode/zip \_\_\_\_\_ State/country \_\_\_\_\_

Telephone(o) \_\_\_\_\_ (R) \_\_\_\_\_ (Mobile) \_\_\_\_\_

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

<b>Qualifications</b>	Degree (Starting from Last)	University	Year of passing
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....

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

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

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

Have you been a Member of this Society before? YES / NO

If Yes, furnish details \_\_\_\_\_

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

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



**How much 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 ophthalmology society?**

**If yes, furnish details**

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

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

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

The GSI life membership fee is currently Rs 2000/-. Payments may be made by DD payable to 'Glaucoma society of India' at Chennai. The Office address of GSI is

Swamy Eye Clinic  
 11, South Mada street  
 Villivakkam, Chennai 600049  
 Phone: 26173742

**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 Case/Bank Draft No.** \_\_\_\_\_ **Dated** \_\_\_\_\_ **on** \_\_\_\_\_  
 \_\_\_\_\_ **(Bank) for Rs.** \_\_\_\_\_  
**(Rupees** \_\_\_\_\_ **)**  
**Date:** \_\_\_\_\_ **Signature** \_\_\_\_\_  
**Receipt No.** \_\_\_\_\_ **Date** \_\_\_\_\_ **Rs.** \_\_\_\_\_  
**Membership No.** \_\_\_\_\_