

# Ophthalmological Society Of West Bengal

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## **APPLICATION FORM FOR MEMBERSHIP**

Please fill up in BLOCK CAPITALS

All fields must be filled. Please enter N.A. where information is not available

1. Name in full \_\_\_\_\_
2. Date of birth \_\_\_\_\_
3. Present Address \_\_\_\_\_  
Pin \_\_\_\_\_ Phone / Fax \_\_\_\_\_
4. Permanent Address \_\_\_\_\_  
Pin \_\_\_\_\_ Phone / Fax \_\_\_\_\_
5. Office Address \_\_\_\_\_  
Pin \_\_\_\_\_ Phone / Fax \_\_\_\_\_
6. Mobile Phone No \_\_\_\_\_
7. E – Mail id \_\_\_\_\_
8. AIOS Membership No \_\_\_\_\_
9. Academic Records

DEGREE	YEAR	INSTITUTION AND CITY
MBBS		
DO / DOMS		
MS / MD		
Others		

10. Medical Registration No \_\_\_\_\_
11. Type of Membership applied for \_\_\_\_\_

\_\_\_\_\_  
Signature with date

Proposed by : \_\_\_\_\_ Seconded by : \_\_\_\_\_  
OSWB Membership No. \_\_\_\_\_ OSWB Membership No. \_\_\_\_\_

\_\_\_\_\_  
(Signature with date)

\_\_\_\_\_  
(Signature with date)

### **IMPORTANT :**

1. Please enclose the following with the application form duly filled up :
  - a. Self attested copy of MBBS Certificate
  - b. Self attested copy of Permanent Registration Certificate issued by State Medical Council
  - c. Self attested copy of Post Graduation Qualification Certificate
  - d. Two recent passport sized photographs
2. Intimation for payment of subscription will be sent only after scrutiny of application form. DO NOT send any payment now.

**Decision of Executive Committee with comments :**