



VITREO RETINA SOCIETY OF BIHAR

Registered Under Society Act 21, 1961.

Two Stamp Size
Photograph

Life Membership Form

(to be filled in Capital Letters)

| | | | |
|---------------|---|------------|---|
| Name | : | | |
| S/D/W of | : | | |
| Date of Birth | : | | |
| Degree | : | | |
| Address | : | | |
| | : | | |
| | : | | |
| City | : | Experience | : |
| Pin Code | : | Fellowship | : |
| State | : | AIOS No. | : |
| Country | : | Phone No. | : |
| Email | : | Mobile No. | : |

| Publications | | Offices Hold in | |
|---------------------|---|------------------------|---|
| International | : | AIOS | : |
| National | : | BOS | : |
| State | : | International | : |
| Monograph | : | Other Soc. | : |
| Text-Book | : | Name of other Society | : |

Proposed by Dr./Prof. Life Membership No.

Seconded by Dr./Prof. Life Membership No.

Agree to become a **Life Member** of **Vitreo Retina Society of Bihar** and shall abide by the Rules & Regulations of the Society.

I hereby enclose Rs. 1500/- (One Thousand Five Hundred Only) by Cash/D.D. No.

Dated drawn on in favour of Vitreo Retinal Society of Bihar, Payable at PATNA.

Date : / /

(Signature of Applicant)

----- (For Office use only) -----

Dr. has been admitted as Life Member of VRSB by the General Body in the meeting held on

Provisional Membership No. for new Member

Date / /

(SECRETARY)
DR POOJA SINHA

(PRESIDENT)
DR SUBHASH PRASAD