



**Strabismus and Pediatric Ophthalmological Society of India**  
(Registered as Strabismological society of India)

**APPLICATION FORM FOR MEMBERSHIP**

(Please Fill This Form In Capital Letters)

Name: \_\_\_\_\_

S/D/W/o: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Pin: \_\_\_\_\_

Mobile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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

Passport Size  
Photo

S. No.	Academic Qualifications	University	Year
1.			
2.			
3.			
4.			

Present Status: \_\_\_\_\_

Registration No & State in which Registered:

Proposed By: \_\_\_\_\_ Sign: \_\_\_\_\_ SPOSI No.: \_\_\_\_\_

Seconded By: \_\_\_\_\_ Sign: \_\_\_\_\_ SPOSI No.: \_\_\_\_\_

I wish to be  Life Member  Associate Member (Criteria of membership in Constitution)

**Declaration:** I declare that the above details are correct. I shall abide by the regulations of the society in force and any subsequent amendments.

Signature

**Payment Details:** (Online Payment through NEFT / IMPS / DD )

Name: **Strabismological Society of India**

Bank Name: **Canara Bank** Account Number: **90682010116834**

Branch: **M A Medical College,** IFSC Code: **CNRB0019068**

**NB: - New Delhi**

- 1. Life membership fee is Rs. 5000/-**
- 2. Postgraduate students with interest in Strabismus and Pediatric Ophthalmology may also apply.**
- 3. Attach print out of the NEFT transaction along with the application submitted to the secretary.**

**Secretariat Office: Dr. P. K. Pandey**

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