



VITREO RETINAL SOCIETY – INDIA MEMBERSHIP APPLICATION

01 Name _____
(Surname) (First Name) (Middlename)

02 Date of Birth 03 Gender: Male Female

04 Qualification
Degree/Diploma/DNB *University* *Year of passing*

05 Fellowship *Institute* *Year*

06 Residential Address: _____

Phone: _____ Email: _____

Fax: _____ Mobile: _____

07 Office Address: _____

Phone: _____ Fax: _____ Email: _____

08 Vitreo-Retinal Work Experience:

Place

Year

09 Present Place of work

10 Professional Memberships & Membership numbers:

11 Publications in the last 3 years:

Total

Sole Author

First Author

Co- Author

12 Proposed by – VRSI Member

13 Second by VRSI Member

Name
VRSI–Membership No.
Address

Name
VRSI–Membership No.
Address

Signature

Signature

14 Details of Payment

DD of Rs. 5000/-

(No)

(Bank)

(Branch)

In favour of Vitreo Retinal Society – India, payable at Coimbatore

**Please send with the draft to: Dr. Ajit B Majji
L V Prasad Eye Institute
Banjara Hills, Hyderabad 500 034
Email: [ajit @lvpei.org](mailto:ajit@lvpei.org) Phone: 93910 26292**

15 Signature of the Applicant

Date

Encl: (1) Demand Draft (2) Curriculum Vitae (3) Xerox Copies of certificates related to vitreo Retinal training or other eligibility criteria along with attested copies of supporting documents (4) Color photograph for photo ID card.