



## VITREO RETINAL SOCIETY – INDIA MEMBERSHIP APPLICATION

01 Name \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

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*

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09 Present Place of work

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10 Professional Memberships & Membership numbers:

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11 Publications in the last 3 years

Total

*Solo Author*

*First Author*

*Co-Author*

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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. A. Giridhar  
Giridhar Eye Institute  
Ponmeth Temple Road  
Kadavanthra, Cochin-682 020, Kerala, India  
Email: girieye@vsnl.com Mob: 91-98953-77899**

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) colour photograph for photo ID card.