



POONA OPHTHALMOLOGICAL SOCIETY

Membership Form

Title :

First Name : *

Last Name : *

Sex :

Male

Female

Email id : *

Designation Year :

Please enter current year Ex. : 2022

Designation :

Degrees :

Allopathy/ Others:

Allopathy

Clinic Landline No. :

Residential Landline No. :

Mobile No. : *

MMC Registration No. :

Clinic Address :

Residence Address :

Preferred Postal Address :

Clinic

Residential

Date of Birth :

Marriage Anniversary :

I Card size Photo :

Proposed by :

Seconded by :

Please send the completed form by post/courier or deposit Physically to the POS Secretariat, along with a print of MBBS, Postgraduation Certificate and MMC/MCI Registration Certificate

POS Secretariat :

Dr Piyush Bansal

Bansal Vision Institute, 1st floor, Connaught Plaza, Sadhu Vaswani Road, Opposite GPO, Pune 411001

Contact No : 020 26123456, 9764249690