



## MEMBERSHIP APPLICATION FORM

### MEMBERSHIP CATEGORIES & FEE STRUCTURE ( RENEW AFTER EVERY 4 YEARS )

#### Apprentice (INR 2000)

A member who is actively trained in the fitting and fabrication of ocular prosthetics under the guidance of a qualified professional or Active member of OSI and actively enrolled in the Education Program (Annual Conference) of the Ocularists Society of India.

#### Associate (INR 3500)

A member who is principally engaged in practice as an ocularist and actively enrolled in the Education Program (Annual Conference) of the OSI, Must have completed 5 years of practising. Then only, he/she is eligible for this membership.

This membership also can be offered to other allied specialist in prosthetics / Ophthalmologists, Oculoplasty Surgeons, they will not have any right for vote but they can attend the annual Meeting.

#### Active (INR 5000)

A member who is principally engaged in practice as an ocularist and actively enrolled in the Education Program (Annual Conference) of the OSI, Must have completed 8 years of practising and she must have presented at least in 2 National Or International Conference on ocular prosthetics and actively enrolled in the Education Program of the Ocularists Society of India. Then only, he/she is eligible for this membership.

This membership also can be offered to other allied specialist in prosthetics/Ophthalmologists, Oculoplasty Surgeons, they will not have any right for vote but they can attend the annual Meeting.

Please read the application carefully and attach all requested documents. Improperly filled out or incomplete forms will not be entertained.

PLEASE TYPE OR PRINT LEGIBLY AND RETURN TO:

***Jibran Munaver***

Ocularists Society Of India

De Cure Centre, 1252H, 22nd Main Road, Vanganahalli, 1st  
Sector, HSR Layout, 1st sector, HSR Layout, Bengaluru  
560102 KARNATAKA Mobile: +91-9742652245  
E-mail: munaverjibran1@gmail.com



Applicant Information:

I hereby apply for Apprentice / Associate / Active MEMBERSHIP in the Ocularists Society Of India and am submitting my qualifications and other pertinent data relating to myself for consideration by the Admissions Committee of the Society.

Mr / Ms / Mrs

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Your Business Practice Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PIN Code \_\_\_\_\_ Country \_\_\_\_\_

Cell: \_\_\_\_\_ Email \_\_\_\_\_ Web Site \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ WhatsApp No. \_\_\_\_\_

Sponsoring Ocularist Information (for Apprentice category)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PIN \_\_\_\_\_ Country \_\_\_\_\_

WORK EXPERIENCE ☐

Current Employer ☐

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Appointed As \_\_\_\_\_

Former Employers

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ ☐

Address \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Appointed As \_\_\_\_\_

NOTE: NEED TO GET REFERENCE FROM ONE EACH "SENIOR OCULARIST" & "OCULOPLASTY SURGEON (OPAI MEMBER)

Ocularist: \_\_\_\_\_ Practising at: \_\_\_\_\_

Oculoplasty: \_\_\_\_\_ Practising at: \_\_\_\_\_

OPAI Membership #: \_\_\_\_\_

Ocularist

Oculoplasty Surgeon

Signature



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#### PAYMENT DETAILS

Cheque/DD No: \_\_\_\_\_ Bank: \_\_\_\_\_ Dated: \_\_\_\_\_  
Amount: \_\_\_\_\_

Transfer receipt No: \_\_\_\_\_ Bank: \_\_\_\_\_ DOT: \_\_\_\_\_  
Amount: \_\_\_\_\_

Amount in words \_\_\_\_\_

#### BANK DETAILS:

Name: **"OCULARISTS SOCIETY OF INDIA"**

Account type: **CURRENT ACCOUNT**

Account No.: **1612132592**

IFSC CODE: **KKBK0000193**

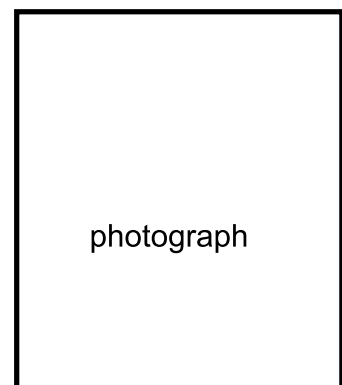
Branch: **DWARKA SECTOR 5, NEW DELHI**

Name:

Date:



Signature



Please send the below mentioned documents self attested along with 2 passport size photograph

1. Address Proof ( Driving License / Passport / Light Bill), any one
2. Photo Proof ( Driving License / Passport / Pan Card / Aadhar Card ), any one

NOTE: PLEASE FILL THE FORM COMPLETELY AND CAREFULLY AS INCOMPLETE FORM OR WRONG INFORMATION WILL BE REJECTED AND THERE WILL BE NO REFUND IN SUCH CASE