



**Uveitis Society (India)**

**Application for Membership**

Please affix a photo

Full Name \_\_\_\_\_  
(PLEASE FILL IN CAPITAL LETTERS AS TO APPEAR IN THE CERTIFICATE)

**Gender :** M  F  **Date of Birth:** Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Age: \_\_\_\_\_

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

City \_\_\_\_\_ Pin Code : \_\_\_\_\_ State : \_\_\_\_\_ Country : \_\_\_\_\_

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

mail: \_\_\_\_\_

Institution : \_\_\_\_\_ Designation: \_\_\_\_\_

State Medical Council Number: \_\_\_\_\_

Highest medical qualification : : \_\_\_\_\_ Year \_\_\_\_\_

Years of practice in **Ophthalmology** : \_\_\_\_\_ **Uveitis** : \_\_\_\_\_

Do you have formal training in Uveitis : \_\_\_\_\_

Number of scientific publication in Uveitis in peer reviewed journals : \_\_\_\_\_

Number of scientific presentations: \_\_\_\_\_

Number of USI meetings attended in last 5 years : \_\_\_\_\_

**Reference 1** \_\_\_\_\_ **Reference 2** \_\_\_\_\_

**LIFE MEMBERSHIP FEE Rs. 5900/- (Includes 18% GST)**

**Mode of Payment :**

- At Par Cheque/DD to be drawn in favour of **UVEITIS SOCIETY** payable at **Hyderabad**
- For Online Registration & Payment Kindly log on to

**Mandatory Documents to be Submitted**

- Self Attested Copy of State Medical Council Registration Certificate
- Two Recent Passport Size Photographs

**Uveitis Society of India**

Maruthi ' 688, 1<sup>st</sup> floor, 6<sup>th</sup> main, 3<sup>rd</sup> block, BEL layout, Vidyaranyapura, Bangalore. 560097.

**Mob:** +91 9591732274 | **Email:** uveitissociety@gmail.com

Signature of the Applicant

**For Office Use**

Application No \_\_\_\_\_ Received on \_\_\_\_\_

Submitted \_\_\_\_\_ Membership subscription of Rs. / \$ \_\_\_\_\_

Approved / Rejected \_\_\_\_\_ Cash/ Vide Cheque / DD No \_\_\_\_\_

Dated \_\_\_\_\_ Bank Name \_\_\_\_\_

Membership No. Alloted \_\_\_\_\_