



GOA OPHTHALMOLOGICAL ASSOCIATION

MEMBERSHIP FORM

(to be filled in capital letters)

Type of membership : Life membership/ Provisional Life membership

Name

Email Id

Phone No

Gender

Female

Male

Date of Birth

Address

Pincode

Degree (Starting from last)	University	Year of passing

State of Registration.....

Registration No.

Proposed by Dr.....

Signature.....

Seconded By Dr.

Signature.....

Declaration: I hereby declare that the above details are correct. I agree to abide by rules, regulations and byelaws of the association as in force and amendmends if any.

Signature:

Details of Payment:

Total Amount Paid _____

Date:

NEFT/DD No./UPI/ UTR No. _____

List of Documents Required

- Copy of Degree Certificates (MBBS / MS)
- Copy of Registration certificates (MBBS / MS)
- Proof of Residence (Voter Id / Aadhar card / Passport)
- 2 Passport Size Photos
- Cheque/DD

*Society reserves the right to accept or reject application
 *The application will be ratified by executive committee in next scheduled meeting

G.O.A. Accounts Details

Account No: 0314101066236

IFSC Code: CNRB0000314

Bank Name & Branch : Canara Bank, Margao

A/c Name: GOA OPHTHALMOLOGICAL ASSOCIATION

*Kindly fill the A/c name in the same way as mentioned above.

Receipt no.

Date.....

Membership no.