

**OCULAR  
OF INDIA**



**TRAUMA SOCIETY**

**(O.T.S.I.)**

Paste your passport  
size photograph  
here

**MEMBERSHIP APPLICATION**

1. Name \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

3. Wedding Anniversary \_\_\_\_\_ Spouse Name \_\_\_\_\_

4. Qualification

\_\_\_\_\_ Degree /

Diploma / DNB \_\_\_\_\_ University \_\_\_\_\_ Year of Passing \_\_\_\_\_

Academic Interest \_\_\_\_\_

5. Fellowship \_\_\_\_\_ Institute \_\_\_\_\_ Year

\_\_\_\_\_

6. Mailing Address

\_\_\_\_\_

\_\_\_\_\_

7. Phone \_\_\_\_\_ Mobile No.

\_\_\_\_\_

8. Fax \_\_\_\_\_ E mail

\_\_\_\_\_

9. Current Designation

\_\_\_\_\_

Place \_\_\_\_\_ Year \_\_\_\_\_

10. Present place of work

\_\_\_\_\_

11. Professional

Membership \_\_\_\_\_ (AIOS /  
DOS / Others) \_\_\_\_\_

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

12. Total no. of publications in last 3 years \_\_\_\_\_

13. Proposed by \_\_\_\_\_ Seconded by \_\_\_\_\_

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

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

14. Payment (DD/At Par Cheque of Rs. 3,500/- in favor of **“Ocular Trauma Society”**

*Payable at Gwalior, M.P.)*

DD / Cheque No.: \_\_\_\_\_ Dated: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Please send the Demand Draft/Cheque to:

Dr. Mehul Shah  
General Secretary –  
O.T.S.I.

Drashti Netralaya.  
Chakalia Road, Dahod-389151  
Gujarat

Phone: 02673-238700/01, 9898022594

Email: [officeotsi2018@gmail.com](mailto:officeotsi2018@gmail.com)

Website: [www.otsi.in](http://www.otsi.in)

15. Signature of the applicant \_\_\_\_\_ Date:

\_\_\_\_\_