Receipt No.——————— Date ——————— Rs. - 3000/- Membership No …………………

South-Asian Academy of Ophthalmology

MEMBERSHIP APPLICATION

www.sao.org.in

Your Photo
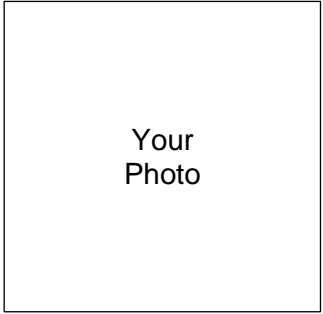
PERSONAL INFORMATION

_____   _____
Surname   First Name

Date of Birth ……/……. /………/ Gender ☐ Male ☐ Female
(DD /MM/ YYYY)

_____   _____
Mobile with country code*   Email ID*

SUB-SPECIALITY (List atleast two)

_____

(i.e. Cataract, Refractive Surgery, Vitreo-Retina, Cornea etc)

ADDRESS*

_____

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City   Pin Code

_____   _____
State   Country

QUALIFICATION

_____   _____
Degree (i.e. MBBS, MD)   Year of Passing

_____
University

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Country in Which Registered   Registration No

SOCIETY MEMBERSHIPS

_____
National Society

_____
International Society

SPECIMEN SIGNATURE
(OF THE APPLICANT, in Black ink for SAO ID Card)

_____
Signature of Applicant

_____
Date

Declaration : I hereby declare that all the above details are correct. I wish to be a Life member. Ihave carefully read the intructions. I shall abide by the Rules, Regulations & Bye-Laws of the Society as in force and any subsequent amendment(s) made from time to time.

PAYMENT INFORMATION
(SAO Council Member)

_____
NEFT / RTGS / UPI Ref. No.   Date

_____
Bank Name

_____
For Rs. (Rupees)

Proposer
(SAO Council Members)

_____
Name

_____
Mobile (with country code)

INSTRUCTIONS

- The SAO Council reserves all rights to accept or reject anyapplication

- Every new Member will initially be provisionally admitted and shall be deemed to have become a full Member only after formal ratification by the SAO Council. Only then he or she will be eligible for any Fellowship / Award, proposed by the SAO.

- Photo ID Card will be issued only after the membership is ratified by SAO Council.

- Payment should be made through NEFT/RTGS/UPI

- **Documents to be attached with application form:**

  - Copy of Degree (MBBS / MD/DNB/equivalent degree from your country.) Or Medical Council Certificate (Self Attested).

  - Proof of Residence i.e. copy of Voter ID Card /Aadhar Card / Passport (Self Attested).

  - One Coloured Photograph to be pasted on the Application Form.

  - One Coloured photograph to be attached with form.

  - Membership Fee- Rs. 3000 /- or 50 US Dollars

- In case of applicant living abroad depending upon the address, the Membership fee shall be payable in USD only.

Bank Details For Payment Through NEFT/RTGS	Account Name	:	South Asian Academy of Ophthalmology
	Account Number	:	0170104000276795
	Bank Name	:	IDBI Bank
	Branch	:	Preet Vihar, Vikas Marg
	IFSC Code	:	IBKL0000170

Address for sending Application form

Dr. Lalit Verma
Hony. Secretary General
South-Asian Academy of Ophthalmology
8A, Institutional Area, Karkardooma, Near by DSSSB
Building, Delhi – 110092 (India)

Mobile :
+ 91 − 8285851527

Emails :
saosecretariat@gmail.com
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