



# INDIAN OPTOMETRIC ASSOCIATION



**Permanent Secretariat:**  
12, Basrurkar Market, Moti Bagh – 1, New Delhi 110 021

**Present Secretariat:**  
Aruna Asaf Ali Govt.Hospital, Dept.of Eye Room No- 30 (Near Tish Hazari Court) 5-Raj Pur Road Delhi 10054.  
E-Mail: indianoptometricassociation@yahoo.co.in, Mob:09810549315

TO, THE SECRETARY, PRESENT OFFICE OF INDIAN OPTOMETRIC ASSOCIATION-INDIA

## LIFE MEMBERSHIP FORM

(To be filled legibly, in BLOCK LETTERS and to be sent to Present Secretariat)  
Revised rules of LIFE MEMBERSHIP FEE and FORM w.e.f. 01.July.2006.

Date: .....

Full Name		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Date of Birth		
Degree / Diploma obtained (attested copy attached)		
Year of Passing		
Present Occupation		
Present Address		
Permanent Address		

E-mail: \_\_\_\_\_ Tel. \_\_\_\_\_

Membership of Foreign or Indian Optometric Organization, if any \_\_\_\_\_

Should the I.O.A. expect your services as and when required?

**MEMBERSHIP FEE** (Old Members not to fill)

Please Enroll me as Life Member / Associate Life Member

<i>Life Member in India</i>			<i>Associate Life Member in India</i>	<i>Life Member (Overseas)</i>	<i>Associate Life Member (Overseas)</i>
<i>Full</i>	<i>Installment</i>				
Rs. 3500/- Normal Process Six weeks			Rs. 6000/- Normal Process six weeks	US\$ 200/- Normal Process six weeks	US\$ 350/- Normal Process six weeks
STUDENT MEMBERSHIP Rs.1000/- PER YEAR (INSTALMENTS)		NO LIFE MEMBERSHIP	-----	-----	-----
URGENT PROCESS FEE	Rs.2500/- Extra Fee with in	Rs. 1500/- Extra Fee with in	Rs.6000/- Extra Fee with in one week and Rs.2500/- with in	US\$ 200/- Extra Fee with in two weeks	US\$ 350/- Extra Fee with in two weeks

<b>Periods</b>	<b>one week</b>	<b>two weeks</b>	<b>two weeks</b>		
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- Kindly specify the address to which you would like us to communicate \_\_\_\_\_ (present / permanent).
- The I.O.A. reserves the right to accept or reject this application.
- **I, hereby declare that the above information is true as per my knowledge and I agree and undertake to obey the rules and regulations of the Association as laid down in it's Constitution as per the TAMIL-NADU SOCIETY ACT-1975-78, (REGISTRATION NO-S/171/92).**
- **Please enroll me as a member of the Association and allow me to deposit the registration/admission fee as per its rules and regulations.**

\_\_\_\_\_  
*Signature of the Applicant*

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**FOR OFFICE USE ONLY**

**EXECUTIVE COMMITTEE HAS ALLOWED/NOT ALLOWED YOU AS FULL (REGULAR) /ASSOCIATE/STUDENT MEMBERSHIP OF INDIAN OPTOMETRIC ASSOCIATION AS PER RULES AND REGULATIONS UNDER THE TAMIL NADU SOCIETY ACT, 1975-78 ACT**

Approved by \_\_\_\_\_

Recommended by \_\_\_\_\_

Receipt No. \_\_\_\_\_

Dated \_\_\_\_\_

**LIFE MEMBERSHIP REGISTRATION NO** \_\_\_\_\_

\_\_\_\_\_  
**Signature of President**

\_\_\_\_\_  
**Signature of Secretary**

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SUBSCRIPTION AMOUNT OF Rs. ----- DD -NO----- BANK -----DATED-----

HAS BEEN RECEIVED ON DATED -----AND Mr/Ms-----HAS REGISTERED AS

A FULL/ASSOCIATE/STUDENT MEMBER OF INDIAN OPTOMETRIC ASSOCIATION-INDIA.

----- SIGNATURE OF TREASURER OF IOA