



IOA Member of WCO



IOA Member of APCO

INDIAN OPTOMETRIC ASSOCIATION

website :- www.ioa.co.in

Regd. No (S-171/92)

E-Mails:- inquiryioa@gmail.com, indianoptometricassociation@yahoo.co.in , **Mobiles :-** +91-8826991316,+91-9599372025

Mailing Address:- Aruna Asaf Ali, Govt. Hospital, Eye Department, 5 Rajpur Road, New Delhi - 54.

Permanent Secretariat:- 12, Basurkar Market, Moti Bagh-I, New Delhi 110021.

Conference Secretariat :- 8-Ring Road, Lajpat Nagar-IV, New Delhi-110024.

Your recent color photograph to be pasted here Clip your second photograph with the form

(Please do not staple)

MEMBERSHIP APPLICATION FORM

(Revised w. e. f. 15th November, 2016)

Application must be typed or written neatly in block letters and to be sent at Mailing Address only.

Note :-If, Incomplete or wrong information in form are given by the applicant than application form will not be accepted and will be rejected automatically, once fee deposited in IOA account will not be refunded /cancelled at any cost or circumstances.

Dated :- -----

1.	Full Name Applicant	
2.	Date of Birth	
3.	Permanent Address	<hr/> <hr/> <hr/> <p style="text-align: right;">State- _____ PIN- _____</p>
4.	Correspondence/working Address	<hr/> <hr/> <hr/> <p style="text-align: right;">State- _____ PIN- _____</p>
5.	E- Mail	
6.	Mobile /Phone	
7.	Mobile Whats-App	
8.	Name of Education : (Diploma/ Degree /Master/M.Phil/ PhD in Optometry)	

9.	Duration of Optometry Discipline Course	
10.	Name of Board/ University/ SMF etc or Others	
11.	Diploma/Degree Conferred by Board/ University (Mark the Tick)	(A) Central University (C) Autonomous/Deemed Institute (E) State Government Board (B) State University (D) Deemed University (F) State Medical Faculties
12.	Name of Training Institution/Hospital	
13.	Passing year of Course	
14.	Present Occupation/Post	
15.	At which address Certificate/ID to be sent	Correspondence/working Address OR Permanent Address (Mark the Tick on address)
16.	Are you Member of Foreign or National/State Optometric Organization, if any (Specify the Name)	
17.	Are you Agreed to serve/provide your services to IOA as and when required?	
18.	Are you Agreed to abide the Rules/Regulations/code of ethics of IOA as per Constitution?	
19.	Are you agreed to abide the orders/instructions/guidelines of Executive Committee/Board of IOA Strictly ?	
20.	Are you fully agreed to authorized the Executive Committee/Board of IOA to revoke/cancellation/block my membership or impose fine/others etc on me , if IOA finds my any misconducts /activities against the constitution of IOA which harms or damaging the image Association ? .	
21.	Which type of membership you applied (Mark the Tick on membership)	Classification of Memberships of IOA "MIOA" 1. optometrist life Membership or 2. Senior Citizen optometrist life Membership or 3. Affiliate/corporate renewable Membership or 4. Associate life Membership or 5. Student Membership

22.

MEMBERSHIP CRITERIA - IOA

Documents of qualifications must be attested by the Gazetted officer/public notary which is mandatory for membership of IOA (self-attestation is not allowed)

1. All certificates along with Mark-sheets of 10th and 12th standard with science PCB/PCM only .
2. All certificates along with Mark-sheets of Diploma in Optometry discipline (minimum two years) /Degree in optometry discipline (four years) awarded and approved by University/Distance Education Council (DEC)/University Grant Commission /States Medical Faculties/Central or State health department or Directorate /Education department of Govt. of Central or State etc only etc at entry level minimum qualifications are allowed as a Full member registered as an OPTOMETRIST as per Article NO- 7 and NO-8 under Constitution of IOA only.
3. Diploma/Degree in Ophthalmic Assistant or Technician or Technology or Technique or Degree less than four years or others non- optometry or non-university or non-approved by Government Authorities are not allowed for full life membership as a registered optometrist they will be registered as an Associate full membership registered as DISPENSING OPTICIAN only instead of registered Optometrist.
4. An applicant must be fulfilled the Minimum eligibilities criteria of qualification for all memberships of optometrist and senior- citizen optometrist , Degree (Four years) / Diploma (minimum two years) in Optometry discipline only and qualification must be approved/ recognized from University/DEC/UGC/States Medical Faculties/Central or State health department or Directorate /Education department of Govt. of Central or State etc only .
5. Minimum eligibilities for Student membership of IOA, for students of optometry discipline courses, they must be enrolled /admitted in approved optometry colleges/institutes under UGC or state Govt. norms only and sent their application along with ID card through colleges/institution only instead of individually .
6. Minimum eligibilities for all affiliate memberships all required documents must be Completed along with profile of university/college/institute/corporate/association etc and complete details of optometry projects/educational or research/industry /corporate work in optometry etc. and MOU must be signed between IOA and affiliated members .
7. Introductory reference of your senior, who is already a life member of I O A.
(attach membership certificate or ID card with details of his/her LM number)
8. Photocopy of Demand Draft or RTGS/NEFT details should also attach with Application form.
9. The Application form must be dispatched at mailing address only instead of others.
10. Enclose one color photograph for I.D. Card one past on application form.

23.

Classification of Memberships of IOA "MIOA"

Full -Life Membership (Registered Optometrist)		Associate Full Life Membership (Non- Optometrist as Registered Dispensing Optician)	Full-Life Member (for Overseas applicant - Registered optometrist)	Affiliate Full -Life Membership	
Male	(A) Registration Fee Rs. 500/- (For digital printed certificate + ID card)	(B) Membership Fee Rs. 5500/- (A+B= Rs.6000/-)	Rs. 10,000/- (Included Registration Fee)	US\$ 200/- (Included Registration Fee) (for foreign nationals/Indian working abroad)	N/A
Female	(A) Registration Fee Rs. 500/- (For Digital printed certificate + ID card)	(B) Membership Fee Rs. 5000/- (A+B= Rs.5500/-)	Rs. 10,000/- (Included Registration Fee)	US\$ 150/- (Included Registration Fee) (for foreign nationals/Indian working abroad)	N/A
Senior -Citizen	Registration Fee Rs. 500/- (For Digital printed certificate + ID card)	Free Membership	Rs. 5,000/- (Included Registration Fee}	N/A	N/A
Student	Registration Fee Rs. 500/- One time during studentship (For ID card only)	if a student member become a full member within 6 calendar months after completing the course from the institution and qualifies as an optometrist, he need not pay any registration fees but will pay only 50% membership Fee as life membership fees to be registered as full member optometrist	N/A	N/A	N/A
(Colleges/ university/ institutes/ corporate etc	Registration Fee Rs. 500/- (For Digital printed certificate + ID card)	N/A	N/A	N/A	C) Rs. 99500/- (A+C= Rs.1,0,0000/-)
Corporate/ industries etc	Fee Rs. 500/- (For Digital printed certificate + ID card)	N/A	N/A	N/A	C) Rs. 99500/- (A+C= Rs.1,00000/-) Annually -Renewal fee- Rs.10,000/-
Duplicate/ Documents	Fee Rs. 1000/- (For Digital printed certificate + ID card)	N/A	N/A	N/A	N/A
Good Standing Certificate (Validation for six months)	Rs. 3000/ (Foreign -Assignment)	-	-	-	-
Attestation of form-No- 4 others form etc	Rs. 3000/ (Foreign -Assignment)	-	-	-	-

-: Special Note:-

1. Under normal process maximum time of 90 days is required for membership after receiving of Application.
2. Under urgent process fee Rs. 10,000 /- extra other than Membership Fee maximum time is 10 days is required for membership after receiving of Application.
3. Under urgent process fee Rs. 5000 /- extra other than Membership Fee maximum time is 15 days is required for membership after receiving of Application.
4. Once fee deposited in IOA account will not be refunded /cancelled at any cost or circumstances/conditions.

24.

Details of witness

(Details of one existing Life Member or Principle/Director of your institute who can authenticate/support your details)

Existing Life Member of IOA

Name:.....

Address:.....

Life Membership No : Date of issued :

Mob/Whats App no:..... E mail:

Signature of witness :

OR

In case of Principal/ Director :

Name of Principal/

Director :

Details of the optometry institute :

1. Name:

.....

2. Name of Affiliated

University.....

3. Office phone number :Mob.....

Signature of Principal/Director :

Seal of Institute

25.

A MANDATORY DECLARATIONS BY APPLICANT

I.....S/O,D/O,H/O,Mr./Mrs.....
took oath and declared that all information provided by me in the application Form are true and correct as per my best knowledge as

- a) That my university / board, my course / subject & session /duration of diploma/degree Approved / recognized at time of admission. I am only/sole responsible status of education.
- b) I am fully aware about the terms and conditions of association, once fee deposited in IOA account will not be refunded /cancelled at any cost or circumstances/conditions . if Incomplete or wrong information in form are given by me than application form will not be accepted and rejected automatically.
- c) I.O.A. reserves the rights and fully empowered whether to approve/accept or to reject the application without any regions in the interest of Association . However it is entirely the discretion of IOA .
- d) I am agreed to authorized the Executive Committee/Board of IOA to revoke/cancellation/block my membership or impose fine/others etc on me , if IOA finds my any misconducts/activities against the constitution of IOA which harms or damaging the image Association .
- e) Please enroll me as a member of the Association as per the rules and regulations under constitution of I.O.A.

Signature of Applicant.....

Name of Applicant.....

Date.....

26.

-: PLEASE- NOTE Sample Draft of Affidavit :-

AN AFFIDAVIT MUST BE SUBMITTED AS A MANDATORY DOCUMENT

Please type this declarations/oath certificate/Affidavit draft matters on Non- Judicial stamp paper of Rs. 100/- and same to be attested mandatory by the public Notary only.
(Without this Affidavit your application will not be accepted and rejected automatically)

I amS/O,D/O,H/O Mrs/ Mr.....

Permanent Resident of

Mob No:.....State..... PIN-.....

At the information provided by me in the Membership Form is true and correct.

- a) That there is no legal/medico legal case pending against me in any court of India/abroad.
- b) That in future, I shall not hold the Indian Optometric Association responsible for any of my misconduct during my practice as an optometrist or as an individual. However it is entirely the discretion of IOA office to assist me /support me in case such situation arises in future.
- c) That I shall immediately intimate the IOA office about my change of name/corresponding address and phone number as and whenever I do so in future.
- d) That I shall follow the rules and regulations of the Association as lay down in its constitution as per the TAMIL NADU SOCIETY ACT, 1975-78, (REGISTRATION NO-S/171/92).
- e) I took oath that my university / board, my course / subject & session /duration of diploma/degree Approved / recognized at time of admission. I am only/sole responsible status of education.
- f) I am fully aware about the terms and conditions of association, once fee deposited in IOA account will not be refunded /cancelled at any cost or circumstances/conditions .
- g) if Incomplete or wrong information in form are given by me than application form will not be accepted and rejected automatically.
- h) I.O.A. reserves the rights and fully empowered whether to approve/accept or to reject the application without any regions in the interest of Association . However it is entirely the discretion of IOA .
- i) I am agreed to authorized the Executive Committee/Board of IOA to revoke/cancellation/block my membership or impose fine/others etc on me , if IOA finds my any misconducts/activities against the constitution of IOA which harms or damaging the image Association .
- j) Please enroll me as a member of the Association as per the rules and regulations I.O.A.

Signature of Applicant -----

Name of Applicant -----

27.

DETAIL OF PAYMENT OF FEE DEMAND DRAFT / RTGS/NEFT ONLY to filled by applicant

(NOTE :- MODE OF PAYMENT IN CASH IS NOT ALLOWED WITH OUT PRIOR APPROVAL OF PRESIDENT)

Registration fee for Rs..... is being sent by bank RTGS/NEFT or Demand. Draft no.....
dated:..... Bank drawn from:.....Bank.Code.No.....
Branch:.....

In favor of INDIAN OPTOMETRIC ASSOCIATION Payable at Delhi only.

OR

NEFT/TRANSFER in IOA account

1. Name of Bank- HDFC
2. Address of Bank- UG-10-11& 12, Bhikaji Cama Palace, New Delhi -110029.
3. Name of Account Holder- Indian Optometric Association .
4. A/C-N0-06782320001526
5. RTGS/NEFT/IFSC:- HDFC0000678

28.

FOR OFFICIAL USE ONLY

EXECUTIVE COMMITTEE/BOARD HAS ALLOWED OR NOT ALLOWED YOU AS A FULL MEMBER /ASSOCIATE/STUDENT/ CORPORATE/AFFILIATE MEMBERSHIP OF INDIAN OPTOMETRIC ASSOCIATION YOU WILL BE ALLOWED TO USE/ SUFFIX AS 'MIOA' MEMBER OF INDIAN OPTOMETRIC ASSOCIATION WITH YOUR NAME AS PER RULES AND REGULATIONS UNDER THE TAMIL NADU SOCIETY ACT, 1975-78 ACT .

Allotment of Membership

MEMBERSHIP approved and REGISTRATION NO.: ALLOTTED on dated and you have been registered as a bonafide REGISTERED OPTOMETRIST as a Full member or full membership as an ASSOCIATE/Student/corporate/affiliate MEMBER OF THE INDIAN OPTOMETRIC ASSOCIATION, INDIA.

Anil Tyagi.....

Subodh Khanduri.....

Ashok Shivhare.....

President

Secretary

Treasurer

The SUBSCRIPTION AMOUNT OF Rs..... by mode of payment under NEFT or on line Transfer or DD. NO.....BANK.....DATED.....The office of Treasurer has received the Fee in A/c of Association. Applicant is bonafide REGISTERED OPTOMETRIST as Full member /ASSOCIATE/Student/corporate/affiliate MEMBER OF THE INDIAN OPTOMETRIC ASSOCIATION, INDIA. all will be allowed to use suffixed as MIOA (member of Indian optometric Association) with their name .

Signature of Treasurer