Membership Application Form

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| **NAME** |  |
| **TITLE** |  Prof. O Dr. O Mr. O Ms. O

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 |
| **DATE OF BIRTH**  |  |
| **AFFILIATION(WITH FULL ADDRESS)** |  |
| **ADDRESS PRESENT** |  |
| **PERMANENT ADDRESS** |  |
| **Professional Position:** |  |
| **E-MAIL** |  |
| **MOBILE** |  |
| **MEMBERSHIP OF** **OTHER PROFESSIONAL SOCIETIES**  |  |
| **TYPE OF MEMBERSHIP APPLYING FOR** | * Life Fellow Member (INR 10,000)
* Regular Fellow Member (INR 1000)
* Associate (Student) Member (INR 400)
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| **TRANSACTION ID** |  |
| **ATTACHMENTS** | * Copy of Bank Transaction Receipt
* Resume
 |
| **SIGNATURE** |  |
| **OSI BANK ACCOUNT** | Bank:  UCO BankAccount Name: The Optical Society of IndiaAccount Number:   18980110018699          Branch Address:   Yuba Bharati Kr, Saltlake, Sector-III, Kolkata-700106IFSC Code: UCBA0001898 |

*E-mail the pdf version of this form along with the necessary attachments to* *osiindiainfo@gmail.com*