Membership Application Form

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| **NAME** |  |
| **TITLE** | Prof. O Dr. O Mr. O Ms. O   |  |  | | --- | --- | |  |  | |
| **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) |
| **TRANSACTION ID** |  |
| **ATTACHMENTS** | * Copy of Bank Transaction Receipt * Resume |
| **SIGNATURE** |  |
| **OSI BANK ACCOUNT** | Bank:  UCO Bank  Account Name: The Optical Society of India  Account Number:   18980110018699  Branch Address:   Yuba Bharati Kr, Saltlake, Sector-III, Kolkata-700106  IFSC Code: UCBA0001898 |

*E-mail the pdf version of this form along with the necessary attachments to* [*osiindiainfo@gmail.com*](mailto:osiindiainfo@gmail.com)