



The Kolkata Association of Ophthalmologists

2/5, Sarat Bose Road, Sukhsagar, Kolkata- 700 020



Offline Membership Form

Fields (*) are mandatory

Prefix: * First Name: * Middle Name: Last Name: *

Date of Birth: (Date & Month only, not year) *

Contact Information:

Mobile: * WhatsApp No. Preferred Email ID: * 2nd Email ID:
Home No (or Others No.): Best Time to Call

Address Information:

Present Address: PIN:
Permanent Address: PIN:
Office Address: PIN:

Qualifications:

Medical Registration No.: * WBMC / Other: *

MBBS DETAILS: MBBS Completion Year: University & City:

DO / DOMS DETAILS: DO / DOMS Completion Year: University & City:

MS / MD DETAILS: MS / MD Completion Year: University & City:

OTHER DETAILS: Completion Year: Others University & City:

Professional Information:

Organisation: * Job Title: * Sub- Specialty: *

Signature with Date



The Kolkata Association of Ophthalmologists

2/5, Sarat Bose Road, Sukhsagar, Kolkata- 700 020

Our Email Address: Ophthalmologykolkata@gmail.com

Pay Membership Fees

Membership Fee - Rs. 3000, payable by Cash/ Cheque/ Draft/ Online Net Banking.

Cheques payable to **The Kolkata Association of Ophthalmologists**

Outstation cheques are not accepted.

Please make payments to The KAO Secretariat, 2/5, Sarat Bose Road, Sukhsagar, Kolkata- 700 020

Account Details for Net Banking Payments - Please email with a Screenshot of the Transaction & the exact time of the online payment.

Account Name: **The Kolkata Association of Ophthalmologists**

Account No: 6918460179

Bank Name: Indian Bank

Branch: Sarat Bose Road,

Kolkata - 700020

IFSC Code - **IDIB000S040**