



**SOCIETY OF FAMILY BENEFIT SCHEME OF THE
MEMBERS OF ALL INDIA
OPHTHALMOLOGICAL SOCIETY**

MEMBER'S
RECENT
PHOTO

(For Office Use Only)
FBS AIOS No.

Date of Admission:

Age on Admission:

AIOS Life Membership No. of Applicant

Residing City / Town

Native State

APPLICATION FORM
(To be filled in Block letters)

Name in Full: Sex:

M	F
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Name of Father / Husband

Date of Birth:

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 Age in Years:

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Correspondence Address:

..... Pin:

Phone No: (STD Code) (R) (O) (Cell).....

Permanent Address:

..... Pin:

Email: Fax:

STD Code: Phone No:

I, the undersigned, hereby apply for the membership of Society of Family Benefit Scheme of AIOS. I enclose DD No., Dated, for Rs. (Rupees) drawn on Bank Branch Being the contribution to the Corpus fund of the Scheme as per my age along with all other documents. I solemnly declare that I did not suffer in the recent past 2 years from any acute disease or from heart attack or any malignancy. I do hereby declare that the above information is true to the best of my knowledge and belief and that I have not withheld any information whatsoever regarding my particulars and my membership may be terminated if any information given is found to be incorrect. I agree to pay the Fraternity Contribution as per the rules of the scheme. I further agree to abide by all the rules and byelaws of AIOS FBS and also any amendments to be made from time to time in the Constitution and Byelaws by the Executive Committee and Managing committee in future. I accept any decision of the E.C. / M.C. of FBS AIOS in this regards as final.

Date:

Place:

.....
Signature of the Member

