



# EASTERN INDIA OPTOMETRIC ASSOCIATION

Registered under the Society Registration Act, Govt. of W. Bengal (India) Regd. No. S/IL/8496

E-mail : 2002.eioa@gmail.com / eioa@rediffmail.com

## Correspondence office address :

2/C, Bechu Doctor Lane,  
Dhakuria, Kolkata – 700 031

Date: .....

## Application must be typed

Full Name

Father's Name

Date of Birth

Academic Qualification

Professional Degree /  
Diploma obtained

Year of Passing

Present Occupation

Correspondence Address

Pin--

Permanent Address

Pin--

E-mail: \_\_\_\_\_ Tel. \_\_\_\_\_

Membership of Foreign or Indian Optometric Organization, if any \_\_\_\_\_

Should the E.I.O.A. expect your services as and when required?

- Please enclose 2 stamp size color photographs for I.D. Card

Please Enroll me as Life / Yearly / Student Member / Associate Life Member

Life Membership	Yearly Membership	Associate Life Member in India	Life Member (Overseas)	Institutional Member (Optometry)
Rs. 3000/-	Rs. 1000/-	Rs. 7000/-	US\$ 200/- (for foreign nationals)	Rs. 20000/- (Yearly)

## DETAIL OF DEMAND DRAFT

- Registration fee for Rs. 3000/- is being sent by bank Draft no:-----dated:-----
- Bank drawn from:-----Bank Code No -----
- Branch: -----State-----Country -----

In favor of **“Eastern India Optometric Association”** Payable at Kolkata.

OR

**Deposit Rs. 3000/- directly to the Association's Bank Account and attach the deposit slip with this form.**

**HDFC BANK, Branch – Golpark, Kolkata – 700029.**

**Branch Code – HDFC0000022**

**Account No.- SB A/C No. 00221000147044**

### **DOCUMENTS REQUIRED**

1. Mark-sheet of 12<sup>th</sup> standard (high school / sr. secondary school).
2. Attested copy of diploma / degree awarded from the optometry institute.
3. Each year's mark-sheet from the optometry institute.
4. **Urgent process fee 10,000 Rs ( 7 days )**
5. **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**

### **TERMS AND CONDITIONS**

**The applicant is requested to type the declaration in his / her letterhead with the following declarations:**

I am -----S/O,D/O,H/O Mr. -----Permanent R/O -----Pin-----State -----Country ----.

- a) That the information provided by me in the Life Membership Form is true and correct.
- b) That there is no legal/medico legal case pending against me in any court of India/abroad.
- c) That in future, I shall not hold the Eastern India Optometry Association responsible for any of my misconduct during my practice as an optometrist or as an individual. However it is entirely the discretion of EIOA office to assist me /support me in case such situation arises in future.
- d) That I shall immediately intimate the EIOA office about my change of name/corresponding address and phone number as and whenever I do so in future.
- e) That I shall follow the rules and regulations of the Association as lay down in it's constitution as per the WEST BENGAL SOCIETY REGISTRATION ACT. of 1961,
- f) \*Please enroll me as a member / candidate for membership entrance examination of the Association and allow me to deposit the registration and admission / examination fees as per its rules and regulations.

. \*E.I.O.A. reserves right to accept or reject this application.

*Signature of the Applicant*

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### **FOR OFFICIAL USE**

Approved by: (Name & Signature)

**President..... Secretary..... Treasurer:.....**

**LIFE / YEARLY / STUDENT MEMBERSHIP REGISTRATION NO. ALLOTTED: .....Receipt NO:.....**

**SUBSCRIPTION AMOUNT OF Rs..... DD -NO----- BANK -----DATED-----**

**HAS BEEN RECEIVED ON( DATE) -----AND Mr/Ms-----HAS BEEN REGISTERED**

**AS LIFE / YEARLY / ASSOCIATE MEMBER OF THE EASTERN INDIA OPTOMETRY ASSOCIATION, INDIA.**

**Signature of Treasurer**