



Ophthalmological Society of Pakistan Lahore Branch

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E-mail: osplhr@gmail.com Website: www.osplhr.org

Name: _____ Date of Birth: _____

Father's / Husband's Name: _____

Permanent Home Address: _____

Institution / Place of Work _____

CNIC No. _____ PMDC No: _____

Telephone Hospital: _____ Home: _____

Clinic: _____ Mobile: _____ E-mail: _____

Year of Graduation: _____

Year of Post Graduation: _____

Post Graduate Qualifications: _____

Type of Membership Yearly / Life: _____

I hereby solemnly declare that I shall work for the welfare of Ophthalmological Society of
Pakistan, Lahore Branch

ENCLOSED:

1. Payment of Rs. 5000/= through a cash/ crossed cheque / pay order, in favour of **Ophthalmological Society of Lahore Branch Pakistan**.
2. Two passport size Blue Background photographs.
3. Attested photocopy of **DOMS, MCPS, FCPS, FRCS, MS** in Ophthalmology or Equivalent and valid PMDC Registration Certificate.
4. Copy of CNIC.

General Secretary, OSP

Proposed By:

Date: _____

Seconded By:

Signature of Applicant