



THE ASSOCIATION OF SHALAKI

www.theassociationofshalaki.com (T A S - INDIA)

Membership Application Form



To,
The Hon. General Secretary,
The Association of Shalaki, (TAS India)

Sir,

I, hereby apply for the PATRON / LIFE MEMBER / ASSOCIATE MEMBERSHIP OF The Association of Shalaki, India. I am sending the membership Fee Rs. _____/- by bank cheque / D. D. bearing No. _____/ NEFT with Transaction no. _____ dated ____/____/____. Of _____ Bank. I have carefully read the Memorandum, Rules and Bye-laws of Association and agree to abide by them. My particulars are given below. Please enroll me as a member of TAS.

Faithfully Yours

Date: ____/____/____.

Place: _____

Signature of applicant

*Full Name	First Name	Middle Name	Surname

*Address: Residence (Permanent):

Temporary Address:

*Address of Working place:

*Phones: (C) _____ . (R) _____ . (M) _____ .:

*Email: _____ .:

*Dale of Birth: ____/____/____

Date of Marriage: ____/____/____

*Registration Number :- _____ State: _____ (Please attach attested copies of certificates)

*Professional status and designation: _____.

*Academic Qualification (with names of examining bodies with dates)

	Qualification	University	Month and year passing
1	B. A. M. S.		
2	M. S. / M. D. Shalakyatantra		
3	Ph. D.		
4	PG Scholar of _____ year		
5			

***RECOMMENDATION BY**

I here by recommend Dr. _____ for

Membership of TAS India.

Recommending TAS Member's Name & Sign:

Recommending TAS Member's - Membership Number: _____

ELIGIBILITY FOR MEMBERSHIP of The Association of Shalaki (TAS India).

PATRON MEMBER:

1. The person who is eligible for Life membership and pays Rs. 1,00,000/- as donation to the association can be enrolled as patron member.

LIFE MEMBER:

1. Person having Post-Graduate degree in the subject of Shalakya from recognized University / Institute and who will pay Rs. 3,000/- and send membership application form along with relevant documents can be enrolled as Life Member.
2. Persons having Post-Graduate degree or diploma in allied subject from recognized University / Institute and who will pay Rs. 3000/- and send membership application form along with relevant documents can be enrolled.

HONORARY MEMBER:

1. The Central Council shall have powers to nominate persons as Honorary member of association who have rendered their services for the cause of achieving aims and objects of The Association of Shalaki. No membership fees will be charged to them.

ASSOCIATE MEMBER:

1. Post Graduate Degree or diploma students who are registered for qualification and who will pay Rs. 3000/- and membership application form along with relevant documents can be enrolled as Associate Member. (These members can be registered as regular members after producing postgraduate Certificate for Life Membership.
2. Post Graduate degree or diploma qualification holders in the subject of Modern ENT / Ophthalmology from recognized University / Institute and pay Rs. 3000/- and send membership application form along with relevant documents can be enrolled (However Associate Members will not enjoy rights of voting or holding office).
3. Central Council shall have powers to nominate or to invite as special members, any person eligible for membership. They shall have privileges may from time to time conferred upon them by or under the rules and bye-laws of TAS. (However Associate Members will not enjoy rights of voting or holding office).

Send your application along with Cheque / DD /online transfer "**The Association of Shalaki**" payable at Pune, Maharashtra with relevant Documents and Payment Proof to The Treasurer, Dr. Pravin V. Chavan Morya Eye Hospital near ST stand Peth Sangali road, Islampur. Dist. Sangali , Maharashtra. Pin 415409. Mobile number: 9623318318

Account Details :-

Name of Account: The Association of Shalaki

Account number: 53312010036374

Name of Bank: Canara Bank Branch :- Rasta Peth, Pune

IFSC code: CNRB0015331

(For office use only)

Received the application form and membership fee _____

By in person / courier / post / online / via on date: / / and admitted as LIFE MEMBER / HONORARY MEMBER / ASSOCIATE

MEMBER in The Association of Shalaki (TAS India).

Receipt No. – _____

Membership No. - _____

Verified Records by - _____ on Date

**Signature, Name & Stamp of
Secretary of The Association of Shalaki.**