

**NEW INSTITUTION MEMBERSHIP FORM**



**FOUNDATION OF OPHTHALMIC AND OPTOMETRY RESEARCH CENTRE (FOOREC)**



M-1/C-2, LAJPAT NAGAR-3, NEAR LAJPAT NAGAR METRO STATION, NEW DELHI-110024  
PH. : 011-41718116, 43444300 (100 LINES) FAX : 011-43444333  
MOBILE : 09810232030, 8130393967

**DIPLOMA IN OPHTHALMIC TECHNIQUE**

**(DOT)**

Dear Sir/Dr./Madam,

Kindly enroll me as an Associate Member of the FOUNDATION. I remit here with 24,600/- as membership fee vide Cheque/DD/Cash : .....

I have read the rules and regulations and the conditions as detailed in the charter of the FOUNDATION and will abide by the same.

Thanking you,  
Yours Sincerely

Name : ..... Age : ..... Sex : .....

Address : .....

Qualification University Year

M.B.B.S ..... .....

D.O. / D.O.M.S. .... .....

M.S. / M.D. .... .....

F.R.C.S. / M.R.C.P / M.F.C.O ..... .....

Sub-Speciality if any : .....

Training Desired : International : .....

National : .....

Signature

**FOR OFFICE USE**

You have been enrolled as a subscriber, Your subscription number is .....

**Note : Kindly quote this number in all future correspondence**

To,

.....  
.....  
.....

Signature