

OPTOMETRIC ASSOCIATION OF TAMIL NANBARGAL

Permanent Secretariat : 68/2 Arcot Road (Trinity Optics) Porur Chennai -600116

Present Secretariat : No. 1735, 3rd Floor, 18th Main Road Anna Nagar, Chennai-600040

93821040351, 9629350036

Date:

LIFE MEMBERSHIP FORM (To be filled legibly. in BLOCK LETTERS and to be sent to Present Secretariat)

Full Name	
Date of Birth	
Degree / Diploma obtained (attested copy attached)	
Year of Passing	
Current Occupation	
Present Address	
Permanent Address	

E-mail: _____ Tel. _____

Membership of Foreign or Indian Optometric Organization, if any _____
Should the O.A.T.N expect your services as and when required?

Please Enroll me as Life Member / Student Member

<i>Life Member in India</i>		<i>Student membership in India</i>	<i>Life Member (Overseas)</i>	
<i>Full</i>	<i>++</i>			
Rs. 2000/-		Rs. 200/-	(for foreign nationals)	

Details of witness: (Details of existing Life Member or Principal of your institute who can authenticate/ support your details)

Existing Life Member

Name:.....

Address:.....

City:.....LM no:.....Date:.....Phone

no:.....

Signature :

- Registration fee for Rs.is being sent by bank draft no:.....dated:.....
- Bank drawn from:.....City:.....
In favor of OPTOMETRIC ASSOCIATION OF TAMIL NANBARGAL payable at Chennai .
- Please enclose 2 stamp size color photographs for I.D. Card
- Kindly specify the address to which you would like us to communicate _____ (present / permanent).

Documents Required

1. Mark-sheet of 10th/12th standard (high school / sr. secondary school).
2. Attested copy of diploma / degree awarded from the optometry institute.
3. Introductory reference of your senior/ junior who is already a life member of O.A.T.N. (with details of his/her LM number)
4. Status of your university/institution whether it is a central university /state university/ deemed university/private University. This is for reference only and not mandatory.

Terms and Conditions

The applicant is requested to make a notarized affidavit on a non judicial stamp paper (Rs 50/-) with the following declarations:

- 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 Optometric Association of Tamil Nanbargal responsible for any of my misconduct during my practice as an Optometrist or as an individual. However it is entirely the discretion of OATN office to assist me /support me in case such situation arises in future.
- d) That I shall immediately intimate the OATN office about my change of name/corresponding address and phone number as and whenever I do so in future.
- e) In the unfortunate event of any disputes arising between a life member/applicant and OATN, the matter would fall under the jurisdiction of Chennai Courts.
- f) Life Member-OATN should follow the rules and regulations of the Association as laid down in it's constitution as per the **TAMIL NADU SOCIETY ACT, 1975-78, (REGISTRATION NO-524/2012)**.

*Please enroll me as a member of the Association and allow me to deposit the registration/admission fee as per its rules and regulations.

*O.A.T.N reserves right to accept or reject this application.

Signature of the Applicant

FOR OFFICIAL USE

**EXECUTIVE COMMITTEE HAS ALLOWED / NOT ALLOWED YOUR REGULAR
/ASSOCIATE/STUDENT MEMBERSHIP OF OPTOMETRIC ASSOCIATION OF TAMIL NANBARGAL AS
PER RULES AND REGULATIONS UNDER THE TAMIL NADU SOCIETY ACT, 1975-78 ACT**

Approved by: (Name & Signature)

Ms.Preetha Ramprasat- President

Mr S. Simpson George- General Secretary

Ms.Latha Balaji - Treasurer

LIFE 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