KERALA GOVERNMENT OPTOMETRISTS' ASSOCIATION

Reg. No. 285

TRIDA Building, Chalakkuzhi Rd, Medical College, Thiruvananthapuram

Website: www.goak.in email: mail@goak.in

MEMBERSHIP APPLICATION FORM

Name (In block letters) ……

Age……..…… Date of birth……..……..

Designation.....

Department: Health Services / Medical Education / Ayurveda ME

Official Address ..……..……..…

..……..……

Permanent Address…….....……...

…….....……..…

.....

Phone: Mob……..……Land Ph.....

Email : .....

Date of entry in service……..…….. PEN .....

Professional Qualification .....…….....……

I hereby declare that the information given above are true as per my knowledge and I undertake to obey the rules and regulations of the Association. Kindly accept me as a member.

Date ……. Signature of Applicant

For Office Use

Membership Accepted :

Membership No: President

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