



Oman Ophthalmic Society

Registration / Renewal Form

Date: ___ / ___ / 2009

Name: _____

Nationality: _____

ID No.: _____

Job: _____

Working at: _____

Qualification: _____

Address (Home)*: _____

Address (Work): _____

Tel: _____

GSM: _____

Email Address: _____

Amount paid R.O. _____ by Cash Bank Transfer.

Note:

Membership/Renewal fee of O.O.S. for 1 year is R.O.10/-.

If paid through Bank Transfer then photocopy of the bank receipt should be attached.

Bank Transfer can be made in favor of Oman Ophthalmic Society, Account no.

0035600080081016, Bank Muscat (Qurum Branch).

It may be noted that members of Oman Ophthalmic Society should compulsorily have the membership of the parent organization – Oman Medical Association. Renewal/ Registration for O.M.A. is R.O. 15/- for 1 year and required form should be filled.

Tel: 24832045 Fax: 24834440

Website: www.OmanOphthalmicSociety.com

Email: eye@OmanOphthalmicSociety.com, eyeoos@gmail.com

Ophthalmology Department, Al Nahdha Hospital