



**Witness Details of Existing Life Member**

Please furnish the details of one existing Life Member or Principle/Director of your institute who can authenticate/support to your details)

Name : .....

Address : .....

Life Membership No : ..... Date of issue : .....

Mobile No. : ..... Alternate Mobile No: .....

E-mail: .....

Signature of Witness: .....

**In case of Principal / Director:**

Details of the optometry institute:

Name: .....

Name of Affiliated University : .....

Office phone number : ..... Mobile No: .....

Signature of Witness: .....

Seal of Institute

**A MANDATORY DECLARATION BY APPLICANT**

I..... S/O,D/O,H/O,Mr./Mrs.....

declare that all information provided by me in the application form are true and correct as per the best of my knowledge.

I confirm my understanding and acceptance on the following:

1. I am completely aware about all the terms and conditions of Indian Optometric Association (IOA).
2. Non- refundable policy: I confirm and accept that once fee is deposited to IOA's account then the same will not be refunded if my membership application is cancelled at any cost or circumstances/conditions .
3. Incase incomplete or wrong information is furnished in the form then the application will not be accepted and rejected automatically.
4. IOA reserves the right and is fully empowered whether to approve/accept or to reject the application without citing any reasons in the interest of Association.
5. I agree to authorize the Executive Committee/Board of IOA to revoke/cancel /block my membership or impose fine/others etc on me, if IOA finds about any misconducts/activities against the constitution of IOA which harms or damages the image of the association.

Please enroll me as a member of the association as per the rules and regulations under constitution of IOA.

Signature of Applicant: .....

Name of Applicant: .....

DATE : .....