

Membership Application of _____ (Name of Organization)

PROFILE OF THE ORGANIZATION AND ITS KEY LEADER

<input type="checkbox"/> Institutional <input type="checkbox"/> Associate <input type="checkbox"/> Corporate <i>Membership Category: (Please BOLD the selected category)</i>				
Photograph of the CEO / Key Leader (jpeg)		Contact address (Postal, telephone, email, website)		
1.	Name & Address of the Institution (Postal, email, website)			
2.	Year of Establishment			
3.	Registration Type with No. with Date			
4.	Core Activities	(pleas attach Relevant documents)		
5.	<ul style="list-style-type: none"> Key Activities 	Service Delivery	Community Outreach	Research
				Advocacy
6.	<ul style="list-style-type: none"> NPCB Related Activities 	Training Programs	Eye Banking	Any Other
7.	No. of Surgeries performed for the last 3 years	Yr 3 ()	Yr 2 ()	Yr 1 ()
8.	HMIS being used for Data Management & Reporting	(Yes/No)		
9.	Quality control measures / Infection control measures in place with regular clinical audits			
10.	Memberships of other organizations			
11.	Any additional information			

References	
Two References from the existing members (http://www.vision2020india.org/membership.asp) to inform the Board about the Quality of work done to eliminate avoidable blindness from India.	
Referee 1	
Referee 2	
Information provided by (Name/Designation):	Signature: Date:

For VISION 2020 INDIA – Review by the Secretariat / Chief Executive Officer

Application received on		Category	
Applicant Organization			
Membership Fees	Please send this after the Board approves your membership		
Membership Certificate provided on			