

**APPLICATION FOR MEMBERSHIP OF INDIAN SOCIETY OF
GASTROENTEROLOGY**

To

The Secretary,
Indian Society of Gastroenterology
All India Institute of Medical Sciences,
Ansari Nagar,
New Delhi- 110029.

Dear Sir,

Kindly enrol me as a LIFE/ORDINARY/ASSOCIATE/SAARC/CORPORATE member of the Indian Society of Gastroenterology. The requisite particulars are given below:-

1. Name (in full) Mr./Mrs./ Miss/ _____

2. Qualifications _____

3. Designation _____

4. Address (Resi) _____

_____ Pin Code _____

(Clinic) _____

_____ Pin Code _____

Tele No. (R) _____ Fax No.(R) _____

(O) _____ (O) _____

E-mail _____

5. Field of medicine connected with Gastroenterology _____
(Specify here speciality such as Surgery, Pathology,
Radiology, Psychiatry *etc.*) _____

6. Attachments to the Hospitals _____

7. I am also a member of the following Association(s)/Society(ies)

1. _____

2. _____

3. _____

4. _____

5. _____

Signature

(To be completed by the person (s) proposing and seconding the membership of the applicant)

To the best of our knowledge and belief the overleaf particulars of Dr. _____

_____ Place _____ are correct.

We consider him/her/them fit and proper person to be admitted as a LIFE/ORDINARY/ASSOCIATE/SAARC/CORPORATE member of the Indian Society of Gastroenterology.

Proposed by:

Seconded by:

Signature _____

Signature _____

Name _____

Name _____

Address _____

Address _____

Date _____

Date _____

(To be completed by the Governing Body of the Indian Society of Gastroenterology)

* Admitted as LIFE/ORDINARY/ASSOCIATE/SAARC/CORPORATE member of the society

* Application rejected for the above reasons

(Delete clause which is not applicable)

Place: New Delhi

Signature _____

Date: _____

Designation _____

Membership Fees:

Life Member	Rs.5,000.00
Ordinary	Rs.500.00
SAARC	Rs.7,500.0
NRI (Life Membership)	US \$300

Add Rs.25/- for outstation cheques.