

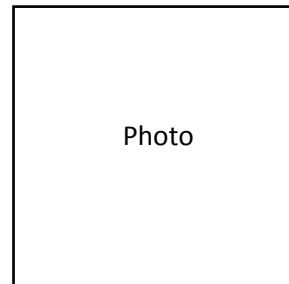


Indian Society of Gastroenterology

Estd: 1960

Application Form for Membership

To
The Secretary
Indian Society of Gastroenterology,
Room No. 3100, Department of Gastroenterology,
Third Floor, Teaching Block,
All India Institute of Medical Sciences,
Ansari Nagar, New Delhi 110029.



Photo

Dear Sir,

Kindly enrol me as a Life/Associate/SAARC/Corporate member of Indian Society

of Gastroenterology. The requisite particulars are given below:

1. Name (in full) Prof./Dr./Mr.: _____

2. PAN NO. (for Indian National):

3. D.O.B. (mm/dd/yy) : Gender: Male / Female

4. Qualifications: _____

5. Designation: _____

6. Address (for Communication) : _____

City: _____ State: _____ Pin Code: _____

7. Mobile: _____ Email ID: _____

8. Field of medicine connected with Gastroenterology _____

(Specify here specialty such as Surgery, Pathology, Radiology, Psychiatry etc)

9. Attachment to the Hospital: _____

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

a. _____

b. _____

c. _____

Signature & Date:

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

To the best of our knowledge and belief the overleaf particulars of

Dr. _____ Place _____ are correct.

We consider him/her fit and proper person to be admitted as a Life/Associate /SAARC/Corporate member of the Indian Society of Gastroenterology.

Proposed by:

Signature: _____

Name : _____

Lifetime Membership No. : _____

Email : _____

Contact Number: _____

Address: _____

Seconded by:

Signature: _____

Name : _____

Lifetime Membership No. : _____

Email : _____

Contact Number: _____

Address: _____

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

- Admitted as Life/Associate /SAARC/Corporate member of the Society.
- Application rejected for the above reasons (Delete clause which is not applicable)

Place:

Signature: _____

Date:

Designation: _____

Membership Fee (inclusive of 18% taxes)

Life Member (Indian)	Rs. 17, 700/-
SAARC	Rs.17, 700/-
NRI (Life member)	USD 590/-

Please enclose the fee as cheque/ demand draft drawn in favour of:

“Indian Society of Gastroenterology” payable at New Delhi, along with your application form.

Cheque Details -

Cheque number: _____

Bank: _____

Issuing branch: _____

Issuing date: _____

Issuing place: _____

Address: _____

For NEFT / RTGS / Online Transfer, ISG Bank Account Details are as below:

Bank Name	: State Bank of India
Bank A/C	30612147118
IFSC Code	: SBIN0001536
SWIFT Code	: SBININBB545
MICR Code	110002005
Bank Address	: Ansari Nagar, New Delhi

**Department of Gastroenterology & Human Nutrition, All India Institute of Medical Sciences, New Delhi
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