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.

Dear Sir,

Kindly enroll 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. Qualifications :_________________________________________________

3. Designation :_____________________________________________________

4. Address (for Communication) :_____________________________________
   ____________________________________________________Pin Code: ________

5. Mob:_____________________Email ID: _________________________

6. Field of medicine connected with Gastroenterology_____________________
   (Specify here specialty such as Surgery, Pathology, Radiology, Psychiatry etc)

7. Attachment to the Hospital :________________________________________

8. I am also a member of the following Association(s)/Society(ies)
   a. _____________________________________________________________
   b. _____________________________________________________________
   c. _____________________________________________________________

Signature & Date :

Department of Gastroenterology & Human Nutrition, All India Institute of Medical Sciences,
New Delhi 110029, INDIA. E-mail: secretary@isg.org.in
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:                                                             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/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:

Life Member (Indian) Rs. 5000/-
SAARC Rs. 5000/-
NRI (Life member) US $300/-

Add Rs. 60/- for outstation cheques (i.e. outside Delhi/New Delhi).
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.