



All Indian Society of Gastroenterology

Life/ Associate/Ordinary/Corporate

No. :.....

Date

Application Form for Membership

To
The Secretary
All Indian Society of Gastroenterology
Deptt. of Gastroenterology
IPGME&R/SSKM Hospital
Kolkata - 700 020

Dear Sir,

Kindly enroll me as a Life/ Associate/ Ordinary/Corporate member of the All Indian Society of Gastroenterology. The requisite particulars are given below :

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

2. Qualifications : _____

3. Designation : _____

4. Address (for communication) : _____

_____ Pin Code : _____

Fax : _____ Email id : _____

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

6. Attachment to the Hospitals : _____

7. I am also a member of the ISG (Central) No.: _____

Signature

Date :

Proposed by:

Seconded by :

Signature : _____

Signature : _____

Name _____

Name : _____

Address : _____

Address : _____

Date : _____

Date : _____

The Life/Ordinary membership of Rs. 1000/ Rs. 500 forwarded herewith in cheque/Add Rs. 25/- for our station cheques/ Cheques should be addressed to AISG, W.B.

Cheque No. :..... Date : Bank Name :

Secretariat : Dept. of Gastroenterology, Institute of Post Graduate Medical Education & Research, Ronald Ross Building, 4th Floor, Room No. : 17, 244, Acharya JC Bose Road, Kolkata – 700 020.
Email ID : isgwbc@gmail.com Web site : <http://aisgwb.org>