



# ASI

THE ASSOCIATION OF  
SURGEONS OF INDIA

The Association of Surgeons of India  
21, Swamy Sivananda Salai, Chepauk  
Chennai – 600 005, INDIA

## APPLICATION FORM FOR THE ASI MEMBERSHIP

Membership No

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Affix Self Attested  
Photograph

To.  
The Honorary National Secretary,  
The Association of Surgeons of India,  
Head Office:  
21, Swami Sivananda Salai, Chepauk, Chennai - 600005.  
Ph: 044: 2538 3459, 2538 1685, 2538 5584, 2536 7095.  
Email: [asi@md5.vsnl.net.in](mailto:asi@md5.vsnl.net.in); headoffice@asiindia.org  
Website: [www.asiindia.org](http://www.asiindia.org)

Dear Sir, I hereby apply for enrolment as a Full / Associate, Life member of the Association of Surgeons of India.  
I enclose Demand Draft No..... dated..... for Rs.....  
(in words ..... ) Drawn on .....  
towards subscription for the year .....

1. NAME (in BLOCK LETTERS) :  
(Specify how your name as it should appear in the list)
2. DATE OF BIRTH (in English Era) & SEX :
3. PERMANENT ADDRESS :
  
4. ADDRESS FOR COMMUNICATION :
  
5. PHONE :
6. EMAIL :
  
7. QUALIFICATION :

Degree	Year of Passing	College	University

8. REGISTRATION NO. DATE :

9. NAME OF THE COUNCIL OF REGISTRATION :

10. EXPERIENCE

Surgical  
Profession

(A) Percentage of Surgical Work :

(B) Speciality, if any to  
which He / She is  
devoting

Academic:

Teaching Experience if any :

Resource:

Research work done, if any :

Blood Group :

I hereby declare that the particulars given above are correct and I am assure that if at any time any statement given above is found to be incorrect, my membership, if granted, will be liable to be cancelled and the fee paid by me will be forfeited.

I hereby undertake that I shall abide by act the Rules and Regulations of the Association of Surgeons of India.

Date:

Place:

Signature of the Applicant

SPONSORSHIP:

Certified that we know Dr..... and we certify that the particulars furnished by Him are true to our knowledge.

Sponsored by 1. Dr.....

ASI Membership No.....

Signature.....

Sponsored by 2. Dr.....

ASI Membership No.....

Signature.....

ADMITTED / NOT ADMITTED Office use

Date:

Place:

NATIONAL HONORARY SECRETARY