THE ASSOCIATION OF SURGEONS OF INDIA

APPLICATION FORM FOR THE MEMBERSHIP

To,
The Honorary National Secretary,
The Association of Surgeons of India, Head Office:
18, Adams Road, Chepauk, Chennai-600005.
Ph: 044: 2538 3459, 2538 1685, 2538 5584,
25367095.
Email: asi@md5.vsnl.net.in; headoffice@asiindia.org
Website: 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) : Name to 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 :

<table>
<thead>
<tr>
<th>Degree</th>
<th>Year of Passing</th>
<th>College</th>
<th>University</th>
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Membership No

Affix Self Attested Photograph

Photograph
8. REGISTRATION NO. DATE : 

9. NAME OF THE COUNCIL OF REGISTRATION : 

10. EXPERIENCE
   Surgical Profession
      (A) Percentage of Surgical Work :
      (B) Specialty, 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