



**APPLICATION FORM FOR THE MEMBERSHIP OF
THE ASSOCIATION OF
GENITO-URINARY SURGEONS OF INDIA
(A SECTION OF ASSOCIATION OF SURGEONS OF INDIA)**

Affix Stamp Size
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Dear Sir,

I hereby apply for enrolment as a Full / Associate Life Member of the Association of Genito Urinary Surgeons of India.
I enclose Demand Draft / Cheque No. dated for Rs. (Rupees in words)
..... drawn on
..... towards membership fees.

I give below the details required.

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. ADDRESS FOR COMMUNICATION :
(with Pin Code No.)

PHONE :

CELL :

E-MAIL :

4. QUALIFICATION (with Xerox Copies) :

Degree	Year of Passing	College	University

5. A. S. I. Membership No.

6. NAME OF THE COUNCIL OF REGISTRATION (Xerox Copy Enclosed)

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 Genito Urinary Surgeons of India

Date :

Place :

SPONSORSHIP :

Signature of the Applicant

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

Proposed by 1. Dr. ASI Membership No. Signature.....

Proposed by 2. Dr. ASI Membership No. Signature.....

Address for Communication

Dr. Prakash Patankar (Secretary)

Patankar Nursing Home, 335, B, Shivaji Chowk,
Chiplun, Ratnagiri - 415 605. | Phone : 02355 - 252069
| Mobile : 09422429938 | E-mail : pgppnh@yahoo.co.in

Dr. Anil Thakar (President)

Plot No. 78, Nischint Apt., Tulashibagwale Colony, Pune - 411 009.
| Phone - 020 - 24220108 | Fax : 020 - 2422 6196
| Mobile : 09822058791 | E-mail : dranilthakar@gmail.com