



# INDIAN ASSOCIATION OF ENDOCRINE SURGEONS

(A Section of the Association of Surgeons of India)

Secretariat : Old No 54, New No 41, McNichols Road, Chetpet, Chennai - 600 031. Tamilnadu, India

Mobile : 09840253015 E-mail : saikrishnavittal@gmail.com Website : www.iaes.org.in



## IAES MEMBERSHIP APPLICATION FORM

(PLEASE FILL ALL INFORMATION BY CAPITAL LETTERS)

Applicant's  
Photo

Name : .....  
ASI Membership No. .... Year of Joining.....  
Sex : ☐ M ☐ F Age.....Date of Birth.....  
Qualifications : .....  
Address : .....  
Phone No. : .....Mobile .....  
e-mail : .....

### DECLARATION

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

I hereby undertake that I shall abide by the Rules and Regulations of the Indian Association of Endocrine Surgeons.

I enclose the DD No.....dated.....for **Rs. 2000/- (Two Thousand only)** drawn on .....Bank in favour of **Indian Association of Endocrine Surgeons payable at Chennai.**

Date:

Place :

*Signature of the Applicant*

### SPONSORSHIP

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

Sponsored by Dr. .... Seconded by Dr. ....

ASI Membership No. .... ASI Membership No. ....

Signature :

Signature :

### FOR OFFICE USE

ADMITTED / NOT ADMITTED.

IAES No.

Date :

*Honorary Secretary*

Note : Kindly send the Application Form with DD to Dr. Sai Krishna Vittal, Honorary Secretary - IAES.  
Secretariat : Old No 54, New No 41, McNichols Road, Chetpet, Chennai - 600 031. Tamilnadu, India