



Indian Society of Gastroenterology

Estd: 1960

Application Form for Membership

To be completed by the person(s) proposing and seconding the membership of the application.

Dr. _____ Place _____

We consider him/her fit and proper person to be admitted as a
Life/Associate /SAARC member of the Indian Society of Gastroenterology.

Proposed by:

Signature: _____

Name: _____

Lifetime Membership No. : _____

Email: _____

Contact Number: _____

Address: _____

Seconded by:

Signature: _____

Name: _____

Lifetime Membership No. : _____

Email: _____

Contact Number: _____

Address: _____

(To be completed by the Governing Body of the Indian Society of Gastroenterology)

- Admitted as Life/Associate /SAARC member of the Society.
- Application rejected for the above reasons (Delete clause which is not applicable)

Place:

Signature: _____

Date:

Designation: _____