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 / International member of the Society.**
* **Application rejected for the above reasons (Delete clause which is not applicable)**

|  |  |
| --- | --- |
| **Place:** | **Signature:**  |
| **Date:** | **Designation: \_**  |