Indian Society of Gastroenterology
Tamil Nadu Chapter

APPLICATION FORM FOR MEMBERSHIP

To,

Date:

The Secretary,
ISG, Tamil Nadu Chapter
Chennai

Dear Sir,
Kindly enroll me as a LIFE member of the Indian Society of Gastroenterology, Tamil Nadu Chapter. The requisite particulars are given below;

Name (in full) Dr :.....

Qualification :..... MC Reg. No :.....

Designation :.....

Address (Resi) :.....

.....

Mobile :..... Email :..... DOB :.....

Field of Medicine connected with Gastroenterology :.....

(Areas of special interest)

Attachment to the Hospitals :.....

I am also a Member of the Following Association (S) / Society (ies) as well

A .....

B .....

Recommended by an existing member :.....

Signature

Membership Fees: Draft/Cheques in favour of ISG-TN Chapter payable at Chennai
1. Life Member - Rs. 2500/-
Add Rs. 50/- for outstation cheques

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*Admitted as Life member of the society

Draft / Cheque Drawn on :..... Dated :.....

Membership No :.....

Secretary