



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

Dear Sir,

I hereby apply for a Full / Associate Life Membership of the Association of Genito Urinary Surgeons of India. I am herewith making the payment of Rs. 1,100/- (Rupees One Thousand One Hundred only) towards life membership fee and entrance fee. I give below the details required .

Name in Block letters :
(Specify how the name should appear in the list.

Date of Birth and Age :

Address for Communication :
(With Pin code)

Email:

Phone: Fax: Cell No.

Qualifications: (Submit copies of documents) :

ASI Membership No: Not a member.

Date:

Place:

Sponsored by:

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

Proposed by:1. _____ ASI membership No:

(Signature and name)

Proposed by:2. _____ ASI membership No:

(Signature and name)



APPLICATION FORM FOR THE MEMBERSHIP OF

**THE ASSOCIATION OF
GENITO-URINARY SURGEONS OF INDIA**
(A SECTION OF ASSOCIATION OF SURGEONS OF INDIA)

Eligibility

Full Life Membership of the Association of Genito Urinary Surgeons of India (AGUSI) a section of the Association of Surgeons of India

Should be a Full life member of the Association of Surgeons of India, who is practicing and interested in the speciality of Genito Urinary Surgery.

Associate Life Membership

Should be a qualified doctor or scientist in the field of Urology or basic sciences and who is not a full member of the Association of Surgeons of India. They are not entitled to vote or stand for any election to any of the posts. They are entitled to participate in all scientific and social programmes of the Association.

Mode of Payment. Payment may be made in cash, by cheque or net banking payable to

"AGUSI".

Account Number 38593140326

SBI Trivandrum Medical College Branch.

IFS code SBIN0070029

Details of Cheque / Payment receipt

President:

Dr. Achal Gupta
Prof. and Head,
GR Medical College,
Jiwali University,
Gwalir – 474 001
Phone: 09329790002

Secretary

Dr Kartar Singh Yadav
Shanti Yadav Hospital,
Bawal Road Rewari,
Haryana-123401,
Phone -9896338570
drkartaryadav@yahoo.co.in

Treasurer

Dr Chander Shekhar
E5, Block 2, Balaji Enclave ,
(BSR),110/1,off.Poonamalle
High Road, Nerkundram,
Chennai- 600107
Phone: 9884323595
cshospitalchennai@gmail.com

Address for Correspondence:

Dr. Achal Gupta,
Prof. and Head,
GR Medical College,
Jiwali University,
Gwalir – 474 001 , Phone: 09329790002

Dr Kartar Singh Yadav,
Shanti Yadav Hospital
Bawal Road Rewari ,
Haryana-123401
