



The Indian Association of Day Surgery

(Registered under the Societies' Registration Act, 1860)
Regn. No. 1279/2004/G.B.B.S.D. dt.:04.08.2004

Membership form:

Name:

Age: Sex:

Speciality:

Names of Colleges / Universities of qualifications with Year of passing:

- 1)
- 2)
- 3)
- 4)
- 5)

State Medical Council / MCI registration no.:

Year of registration:

Work address:

Residential address:

Tel.:

(Please mark 'X' your address for correspondence)

Tel.:

Mobile:

E-mail:

Signature:

Fees for **Life membership**: Rs.2000/-

Life Membership is inclusive of annual issue of **Day Surgery Journal of India**.

DD or Local Cheque to be made payable to: `The Indian Association of Day Surgery` and sent to the Secretariat along with the complete form. For outstation cheques, please add Rs.50/-.

For office use: Membership Approved / Not approved.

Membership no.:

Signature: