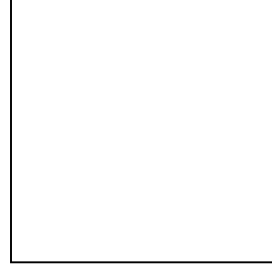




## APPLICATION FORM FOR THE MEMBERSHIP OF THE ASSOCIATION OF SURGEONS OF INDIA

To

The Honorary Secretary  
The association of Surgeons of India  
21, Swamy Shivananda Salai, Chepauk, Chennai-600005  
Phone : 5383459. Fax : 044-5367095. E-Mail : asi@md5.vsnl.net.in



Membership No : \_\_\_\_\_

Dear Sir,

I here by apply for enrolment as a Full / Associate / Life / Annual member of the association of Surgeons of India. I enclosed Demand Draft No. \_\_\_\_\_ dated: \_\_\_\_\_ for Rs. \_\_\_\_\_ (in words : \_\_\_\_\_) Drawn on towards subscription for the year \_\_\_\_\_

I give below the details required.

1. NAME (in BLOCK LETTERS : \_\_\_\_\_  
(Specify how your name as it should appear in the list)
2. Date of Birth (in English Era) & Sex : \_\_\_\_\_
3. Permanent Address : \_\_\_\_\_  
\_\_\_\_\_
4. Address for Communication : \_\_\_\_\_  
\_\_\_\_\_
5. Qualification :

Degree	Year of Passing	College	University

6. Registration No. and Date : \_\_\_\_\_

7. Name of the Council of Registration : \_\_\_\_\_

8. Experience :

Surgical Profession

a. Percentage of surgical works : \_\_\_\_\_

b. Specialty, if any, to which you are devoting : \_\_\_\_\_

Academic :

Teaching experience, if any : \_\_\_\_\_

Research :

Research work done, if any : \_\_\_\_\_

I hereby declare that the particulars given above are correct and I assure that if at any statement give above is found to be incorrect, my Membership, if granted, will be liable to be cancelled and the fee paid by me will be forfeited.

I hereby undertake that I shall abide by act the Rules and Regulations of the Association of Surgeons of India.

Date : \_\_\_\_\_

Signature

Place : \_\_\_\_\_

Sponsorship:

Certified that we know Dr. \_\_\_\_\_ and we certify that the particulars furnished by him are true to our knowledge.

Sponsored by :

1. Dr. \_\_\_\_\_

ASI Membership No. : \_\_\_\_\_

Signature

2. Dr. \_\_\_\_\_

ASI Membership No. : \_\_\_\_\_

Signature

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Office Use:

Admitted / Not Admitted

Date : \_\_\_\_\_

Place : \_\_\_\_\_

Hon. Secretary

#### MEMBERSHIP :

1. The membership of the Association shall be of the following categories :
  - a. Full Name : Medical Practitioner registered in India I.M.C. Act 1956 and practicing Surgeon or otherwise engaged in surgical work such as teaching and holding postgraduate qualification in surgery including its specialties shall be full Membership. He may belong to any one of the two categories
    - i. Annual Member : Member paying his fees annually.
    - ii. Life Member : Member who has paid life subscription equivalent to 10 times annual subscription.
  - b. Associate Member : Person registered in India under I.M.C. Act 1956 and engaged in the practice of branches of medical science auxiliary to Surgery or who is a bonafied postgraduate student in Surgery is eligible to become Associate Member.
  - c. Honorary member : A person considered suitable and desirable by the Governing Council may be enrolled as Honorary Member.
  - d. Overseas Member : Medical Practitioner in Countries other than and practicing the science and art of surgery shall be eligible for membership of this category. He should hold postgraduate qualification in Surgery (including its specialties). He may be Annual or Life Member.
  - e. Senior Member : Annual Full Member who has attained the age of 60 years and 25 years of continuous Membership may opt for becoming Senior Member.
2. The Governing Council shall have the right to decide the eligibility or otherwise of the category to which a person could be admitted as Member and such decision shall be final.
3. Every candidate who applies to the Association for Membership shall be duly proposed and seconded by any Full or Senior Member. He becomes Member only after the Governing Council accepts him.

#### SUBSCRIPTION :

- a. All new Members shall pay -entrance fees as decided by the General Body from time to Time
  - b. Full Members (Annually), Associate Members (Annual). Full Members (Life), overseas Members (Annual), overseas Members (Life), and Full or Associate Members (Annual) residing abroad will pay subscription at the rates decided by the General Body time to time.
  - c. Senior Members are exempted from paying Annual Subscription
  - d. All Subscriptions are payable in advance i.e., before 1st January of the year.
  - e. Photocopy of Certificates to be enclosed.
  - f. The rate of subscription will be :
    - Full & Associate Member :
      - a. Entrance Fee Rs. 100/-
      - b. Annual Rs. 750/- + Entrance Fees of Rs. 100/- for new entrants w.e.f. 1-1-2001
      - c. Life Rs. 5000/- + Entrance Fees of Rs. 100/- for new entrants w.e.f. 31-12-2001
- Note : Life Rs. 7,500 - w.e.f. 1-1-2002 + Entrance fee of Rs. 100/- for new entrants.

#### Subscription if joining :

- a. January to December - Rs. 750/- + Rs 100 = Rs. 850/-
- b. D. D. Should be drawn in favour of "The Association of Surgeon of India" and payable at Chennai.
- c. Overseas Member and Full of Associate member residing abroad: Annual \$100 or equivalent.
- d. Overseas Member : Life \$500 or equivalent
- e. Entrance Fee \$5

#### Notes:

- a. The Journal will be sent 3 months after becoming Member.
- b. Members are requested to intimate us their change of address immediately
- c. Quote your A.S.I. No. in all your correspondence to facilitate easy reference.