

To,
The Honorary Secretary
The Association of Surgeons, Nagpur
Ima House, North Ambazari Road,
Nagpur – 440010

Dear Sir,

I wish to join the Association of Surgeon, Nagpur as Full Associated/Life Annual member and enclose. Cash Rs _____ Cheque/ Draft _____ Dated _____ for Rs _____ On _____ Bank/Cash towards subscription for the Association for the year.

Name (In Block Letter): _____

(Specify how your name should appear in the list)

Date of Birth: ___/___/_____ Sex: _____ Qualification _____ (which Year obtaining the same and the University)

Permanent address: _____

Contact No. (C): _____ (R): _____ (M): _____

Email Address: _____ Fax No _____

Country of Registration with Regn. Number _____

Whether engaged in Teaching and/or Research or Profession _____

Whether member of parent ASI _____ Member No _____

I agree to abide by the Rules and Regulations of the Association of Surgeons, Nagpur.

Place: _____

Date: _____ Signature

Sponsored by (1)

Name: _____

Member the Association of Surgeons, Nagpur

Sponsored by (2)

Name: _____

Member the Association of Surgeons, Nagpur