

**SURGICAL SOCIETY OF BANGALORE ASSOCIATION OF
SURGEONS OF INDIA CITY CHAPTER (REGD)**

I.M.A. HOUSE, ALUR VENKATA RAO ROAD, BANGALORE - 560 018.
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APPLICATION FORM FOR MEMBERSHIP

Dear Sir,

I hereby apply to be elected as a member of the Surgical Society of Bangalore Association of Surgeons Of India City Chapter (Regd.), I have read the rules and regulations of the S.S.B.A.S.I.C.C., and if elected, I agree to abide by them.

Yours Faithfully

Date:

Place:

Signature of the Applicant

.....
NAME IN FULL (BLOCK LETTERS):

.....
ADDRESS (BLOCK LETTERS) :

.....
ADDRESS TO WHICH ALL CORRESPONDENCE TO BE MADE WITH PIN CODE:

.....
TELEPHONE No. RESIDENCE / OFFICE:

MOBILE:

E MAIL ID:

.....
DATE OF BIRTH:

.....
PRESENT OCCUPATION:

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WHETHER YOU ARE A MEMBER OF ASSOCIATIONS OF SURGEONS OF INDIA, OR OTHER SURGICAL ORGANISATION IF SO, NAME OF THE ORGANISATION/ S:

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Karnataka Medical Council Registration #:

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ASSOCIATIONS OF SURGEONS OF INDIA MEMBERSHIP #:

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QUALIFICATION /DATE/ NAME OF THE UNIVERSITIES / COLLEGE:

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PROPOSED BY:

SECONDED BY:

HON SECRETARY'S REMARKS:

MEMBERSHIP: ADMITTED / REJECTED BY THE EXECUTIVE COMMITTEE

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TYPE OF MEMBERSHIP: Full LIFE Rs. 1000/- [] / ASSOCIATE Rs.1000/- []
(Non A.S.I) ANNUAL Rs. 100/- [] / POST GRADUATES Rs. 1000/- []