

**SURGICAL SOCIETY OF BANGALORE ASSOCIATION OF
SURGEONS OF INDIA CITY CHAPTER**

www.ssbasicc.org / email. ssbasicc1974@gmail.com

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, 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 IN BLOCK LETTERS

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

.....
TELEPHONE NUMBERS RESIDENCE / OFFICE

MOBILE

RESIDENCE / OFFICE

EMAIL :-

.....
DATE OF BIRTH

.....
PRESENT OCCUPATION

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

.....
KARNATAKA MEDICAL COUNCIL #

.....
ASSOCIATIONS OF SURGEONS OF INDIA MEMBERSHIP NO:-

.....
QUALIFICATION /DATE/ NAME OF THE UNIVERSITIES / COLLEGE.

.....
PROPOSED BY:-

SECONDED BY:-

HON SECRETARY'S REMARKS:-

MEMBERSHIP :- ADMITTED / REJECTED BY THE EXECUTIVE COMMITTEE.

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TYPE OF MEMBERSHIP:- LIFE Rs.2000/= [] ANNUAL Rs. 200/= [] POST GRADUATES Rs. 1000/= []