## Society of Endoscopic and Laparoscopic Surgeons of India (SELSI) Room No. 5031/5023, 5th Floor, Teaching Block, Department of Surgical Disciplines All India Institute of Medical Sciences, New Delhi -110029, India Website: www.selsi.in E-mail: secretary.selsi@gmail.com Phone No +91-11-26594769,+91-11-26594776, Fax No. +91-11-26588324 MEMBERSHIP FORM To Hon. Secretary **SELSI** Iwish to apply for the membership of SELSI under the following category and I affirm that I will abide by rules and regulations of SELSI, if my membership is approved by the Executive Committee of SELSI. Membership Type Please Tick Life Member Associate Member Paste Overseas Member Photograph Corporate Member Applicant's Information Name Surname Date of Birth Nationality **Professional Address** Address for correspondence Institution Department Address \_\_\_\_\_ State Pin Code Phone Email Education College / University Year of Passing MBBS Post Graduation

Urologist \_\_\_\_

Others, please specify\_

No 🖂

Gynaecologist \_\_\_\_

Endoscopist

Yes \_\_\_\_

www.selsi.in

Surgical Oncologist

Super Specialty

General Surgeon

Paediatric surgeon

For Official use only: Membership approved:

Confirmation sent on:

Are you a

SELSI No. \_

Medical Council Registration Registration No Whether an active members of ASI ?		State	
Registration No		Yes / No	
		State	
Whether a Meml	ber of any other National and In	ternational Organization :	
SAGES EAES	S AMASI IAGES O	THER (Please mention)	
Current Endosc	opic / Laparoscopic Experience	3:	
	Number in last 12 months	Number in last 2 yrs.	
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Was lanarosconio	c surgery a part of your postgradu	ate training, if yes, name of institution	
was lapai osoopi	s surgery a part or your postgrade	ate training, if yes, name of motitudon	
Have you had for	rmal training in laparoscopic/end	loscopic surgery, if yes, where	
Sponsors	CELCI /or True Control	from Anna / on Tree of Marin Call	
I wo members of	SELSI /or Two Senior Surgeons of	of your Area / or Two of Your Colleague	
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Signature of Sponsor 1 Name			
Name		Name	
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