

Society of Endoscopic and Laparoscopic Surgeons of India (SELSI)



(MEMBERSHIP FORM)

To
Hon. Secretary
SELSI

Sir,
I wish 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
Overseas Member
Corporate Member

☐
☐
☐
☐

Paste
Photograph

Applicant's Information

Name _____
Date of Birth _____

Surname _____
Nationality _____

Professional Address

Institution _____
Department _____
Address _____

Address for correspondence

City _____
State _____
Pin Code _____
Phone _____
Fax _____
Email _____

Education

	College / University	Year of Passing
MBBS		
Post Graduation		
Super Specialty		

Are you a

General Surgeon ☐ Gynaecologist ☐ Urologist ☐ Surgical Oncologist ☐
Paediatric surgeon ☐ Endoscopist ☐ Others, please specify _____

For Official use only :

Membership approved : Yes ☐ No ☐
SELSI No. _____
Confirmation sent on : _____

www.selsi.in

Medical Council Registration

Registration No. _____ State _____
Whether an active members of ASI ? Yes / No
Registration No. _____ State _____

Whether a Member of any other National and International Organization :

SAGES ☐ EAES ☐ AMASI ☐ IAGES ☐ OTHER ☐ (Please mention _____)

Current Endoscopic / Laparoscopic Experience:

Procedure	Number in last 12 months	Number in last 2 yrs.

Was laparoscopic surgery a part of your postgraduate training, if yes, name of institution _____

Have you had formal training in laparoscopic/endoscopic surgery, if yes, where _____

Sponsors

Two members of SELSI /or Two Senior Surgeons of your Area / or Two of Your Colleagues

Signature of Sponsor 1 _____

Signature of Sponsor 2 _____

Name _____

Name _____

M. No. _____

M.No. _____

Payment Details

Draft/ Cheque No. _____ Dated _____

Drawn on _____

Amount Rs. _____

Date _____

Place _____

Signature of Applicant

Membership Fees

Life Members

₹ 1,000/-

Assoc. Members

₹ 1,000/- (PG Students only)

Overseas Members

50 USD

Corporate Members

₹ 5,000/

To be enclosed:

1. Copy of post graduate degree certificate
2. Two passport size photographs
3. Demand Draft, in favor of "SELSI" payable at SBI, Ansari Nagar, New Delhi, India

www.selsi.in



(MEMBERSHIP FORM)

To _____
 Hon. Secretary
 IHS
 Sir,
 I wish to apply for the membership of IHS under the following category and I affirm that I will abide by rules and regulations of IHS, if my membership is approved by the Executive Committee of IHS.

Membership Type

Life Member
 Associate Member
 Overseas Member
 Corporate Member

Please Tick

☐
☐
☐
☐

Paste
 Photograph

Applicant's Information

Name _____ Surname _____
 Date of Birth _____ Nationality _____

Professional Address

Institution _____
 Department _____
 Address _____
 City _____
 State _____
 Pin Code _____
 Phone _____
 Fax _____
 Email _____

Residential Address

Education

	College / University	Year of Passing
MBBS		
Post Graduation		
Super Specialty		

For Official use only :

Membership approved : Yes ☐ No ☐
 IHS No. _____
 Confirmation sent on : _____

Medical Council Registration

Registration No. _____ State _____
 Whether an active members of ASI ? Yes / No
 Registration No. _____ State _____

Whether a Member of any other National and International Organization :

SAGES ☐ EAES ☐ AMASI ☐ IAGES ☐ OTHER ☐ (Please mention _____)

Current Endoscopic / Laparoscopic Experience:

Procedure	Experience (in years)	No. of Procedures In Past 1 year	No. of Procedures In Past 2 year
Diagnostic Laparoscopy			
Lap. Cholecystectomy			
Lap. Appendectomy			
Incisional / Ventral Hernia			
Groin Hernia: Open/Laparoscopy			

Payment Details

Draft/ Cheque No. _____ Dated _____

Drawn on _____

Amount Rs. _____

Date _____

Place _____

Signature of Applicant

Membership Fees

Life Members ₹ 1,000/-
 Assoc. Members ₹ 1,000/- (PG Students only)
 Overseas Members 50 USD
 Corporate Members ₹ 5,000/-

To be enclosed:

1. Copy of post graduate degree certificate
2. Two passport size photographs
3. Demand Draft, in favor of "Indian Hernia Society" payable at New Delhi, India