



# SOCIETY OF VAGINAL SURGEONS OF INDIA

Chief Patron: Dr. Rustom P. Soonawala, Patron: Dr. Shirish Sheth,  
National Advisors: Dr S K Mohapatra, Dr P C Mahapatra  
National President : Dr V P Paily Secretary General : Dr H .P .Pattnaik  
Treasurer: Dr Janmejaya Mohapatra Joint Secretary: Dr Elizabeth Jacob

SOVSI CHAPTER :

## Application form for ASSOCIATE MEMBERSHIP

**Eligibility:** Associate Member must be : 1) A postgraduate student pursuing a diploma/ degree course in the subject of Obstetrics and Gynecology. He will automatically become life member on submission of his diploma or degree certificate without additional payment. 2) A medical graduate possessing a postgraduate degree or diploma in the field of Obstetrics and Gynecology registered with the National /State Medical Council of India who neither resides nor practices in India. 3) A person having postgraduate medical qualification in any field other than Obstetrics and Gynecology, registered with National/State Medical council and who has /have a special interest in the field of gynecology (Uro-gynecology / Urology / Plastic surgery & Cosmetic surgery etc.)

Affix your  
recent  
passport size  
photograph  
here

1. Name in full:

2. Sex: Male ☐ Female ☐ 3. Age  Date of Birth

4. Postal Address:

City  State  PIN

Phone  Mob

Email

5. Degrees and diplomas with dates:

6. National / State Medical Council Registration No.:

I hereby apply to be a **ASSOCIATE MEMBER** of Society of Vaginal Surgeons of India  
herewith sending the entrance and **Membership Fees: ₹4,425 (₹3750 +GST)**

### MODE OF PAYMENT

**Cash:** Chalan No: ..... Date:.....

**DD / Cheque :** No: ..... Bank:..... Date:.....

**UPI / Transfer :** ID: ..... Mob: ..... Date:.....

Recommended by: 1. Dr.

2. Dr.

7. Date of Application:

(Recommendation of two SOVSI members is necessary.

In case the applicant is unable to obtain the same, the secretary will do the needful in the Association office.)

Send your duly filled life membership form with all documents to the above mentioned address or by email.

Incomplete forms will not be accepted. \*Absolutely necessary to be entered.

Please send filled application form to 1) National SOVSI office : [sovsi2018@gmail.com](mailto:sovsi2018@gmail.com)

2) National Joint Secretary : [lisjay74@gmail.com](mailto:lisjay74@gmail.com)

### BANK DETAILS

Signature of applicant

### FOR OFFICE USE:

Date of receipt of form: ..... Enrolled on ..... as a Associate Member

State President

State Secretary

State Office :