



# 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 LIFE MEMBERSHIP

**Eligibility:** Life member must hold a Postgraduate diploma or degree in the field of Obstetrics and Gynecology and should be registered with the National /State Medical Council of India (Please attach attested Photo copy of the qualification certificate/certificates & Medical council registration certificate)

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 **LIFE 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:.....

### BANK DETAILS

Recommended by: 1.

2.

Signature of applicant

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 : **sovs2018@gmail.com**

2) National Joint Secretary : **lisjay74@gmail.com**

### FOR OFFICE USE:

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

State President

State Secretary

State Office :