



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

Form for affiliation of STATE CHAPTERS TO SOVSI

Eligibility: 1) Any new State Chapter seeking affiliation to the SOVSI shall be named as per the name of State/Union Territory in which it is located. 2) No State may have more than one such Chapter affiliated to SOVSI. 3) Any State Chapter continuously having on its roll minimum of fifteen members shall be eligible to become member of SOVSI. 4) It has to submit the necessary requirements & shall abide by the Bylaws & rules & regulations as laid down from time to time by SOVSI.

1. Name of Chapter					
2. Address of					
Registered					
Office					
City		State		PIN	
Contact Number				Email	
3. Office Bearers	President:		Vice President:		
	Secretary:		Treasurer:		
4. Registration Details :					
5. Membership Details :		Life Member		Associate Member	

MODE OF PAYMENT

Cash: Chalan No: Date:.....
DD / Cheque : No: Bank:..... Date:.....
UPI / Transfer : ID: Mob: Date:.....

Please attach copy of

- ☐ 1) Chapter registration
- ☐ 2) Excel sheet of Membership details: Name /Age/
Contact no/Mail id /State Medical Council No
- ☐ 3) Membership form of all the members
- ☐ 4) Membership fees details
- ☐ 5) Memorandum & By laws

7. Date of Application:

Please send filled application form to 1) National SOVSI office : sovsi2018@gmail.com
2) National Joint Secretary : lisjay74@gmail.com

BANK DETAILS

Name & Signature: President

Name & Signature: Secretary

Head quarters: IMA building, SCB Medical College & Hospital Campus, Cuttack, Odisha, India
Ph: +916712413060 Email: sovsi2018@gmail.com