SOCIETY OF VAGINAL SURGEONS OF INDIA

SOVSI CHAPTER :

Application form for LIFE MEMBERSHIP

Affix your recent passport size photograph here

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)

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)

BANK DETAILS

Name : SOVSI
Ac No : 084110100050394
IFSC : UBIN0808415
Bank : Union Bank
Branch : Medical Road, Mangalabag, Cuttack

MODE OF PAYMENT

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

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

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

Recommended by: 1. Dr.

2. Dr.

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 all the three Email Ids 1) National SOVSI office : **sovsi2018@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 :