

Indian Hernia Society



Room No. 438 4th Floor, Surgery Block
 Department of Surgical Disciplines
 All India Institute of Medical Sciences, New Delhi -110029, India
 Website : www.hernia.in E-mail : secretary.ihs@gmail.com
 Phone No +91-11-26594769, +91-11-26594776, Fax No. +91-11-26588324

To _____ **(MEMBERSHIP FORM)** _____

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 _____
 Date of Birth _____

Surname _____
 Nationalit _____

Professional Address

Institution _____
 Department _____
 Address _____

Residential Address

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

Education

	College / University	Year of Passing
MBBS		
Post Graduation		
Super Specialty		

For Official use only :

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

www.hernia.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 :

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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. Appendicectomy			
Incisional / Ventral Hernia			
Groin Hernia: Open/Laparoscopy			

Payment Details

Draft/ Cheque No. _____ Dated _____
 Drawn on _____
 Amount Rs. _____
 Date _____
 Place _____

Signature of Applicant

Bank Details

Account Name Indian Hernia Society

Account Number 30920275275

Bank Name & Branch SBI, Ansari Nagar, AIMS, New Delhi

IFSC Code SBIN0001536

Membership Fees

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

The complete application form may be mailed to:

**Dr. Hemnaga Kumar Bhattacharjee
 Secretary IHS**

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 All India Institute of Medical Sciences,
 Ansari Nagar, New Delhi -110029 India

Note: Please send a scanned copy of transfer receipt and duly filled registration form to secretary.ihs@gmail.com or send the payment screenshot at Whatsapp- +91 8826168604

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