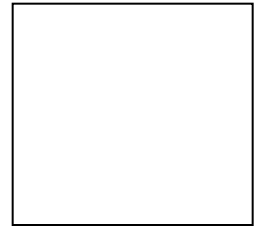


DELHI GYNAECOLOGICAL ENDOSCOPISTS' SOCIETY
Membership Application Form

The President
Delhi Gynaecological Endoscopists Society
Jeewan Mala Hospital
67/1, New Rohtak Road, New Delhi-110005
Tel: 011-47774141, 23511474, 75, 76, 77, 011-65094990, 91, 92, 93
Fax: 011-47774242, 23670347
Mb: 9212150571, 9811557511, 9212526855
WebSite : www.dges.in
Email: dgesjmh2017@gmail.com



I wish to join the Delhi Gynaecological Endoscopists Society (DGES) as a member.
Subject to approval of the DGES Executive Board, if admitted, I will abide by the rules
and regulations of the society.

Member's Name: _____

Gender: Male / Female _____ Date of birth: date/month/year _____

Address: _____

City: _____ State: _____ Pin code: _____

Phone: _____ Tel.No/Hospital No. _____

Place of Working _____

E-mail: _____

Educational qualification: _____

Year of passing Masters _____

Primary specialty: _____

Subspecialty: _____

Professional affiliation (Hospital/Clinic): _____

Signature: _____

Enclosed: Attached One Photograph & Cheque/Demand Draft should be made in
Favor of "Delhi Gynaecological Endoscopists Society", payable at New Delhi.
Yearly Membership Rs. 500/-