

Indian Hernia Society



Room No. 5031/5023, 5th Floor, Teaching 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

MEMBERSHIP FORM

To _____

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 _____
Nationality _____

Professional Address

Institution _____
Department _____
Address _____
City _____
State _____
Pin Code _____
Phone _____
Fax _____
Email _____

Residential Address

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 :

SAGES EAES AMASI IAGES OTHER (Please mention _____)

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**

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. Virinder Kumar Bansal
Secretary IHS

Room No. 5031/5023, 5th Floor, Teaching Block,
Department of Surgical Disciplines
All India Institute of Medical Sciences,
Ansari Nagar, New Delhi -110029, India

www.hernia.in