



INDIAN ASSOCIATION OF ENDOCRINE SURGEONS

(A Section of the Association of Surgeons of India)

Secretariat: Department of Endocrine Surgery, Shatabdi Hospital Phase-2, 7th floor
King George's Medical University, Lucknow . 226003 U.P. India.

Mobile No: - 9415007391 Email: - mishra101@gmail.com Website: - www.iaes.org.in



IAES MEMBERSHIP APPLICATION FORM

(PLEASE FILL ALL INFORMATION IN CAPITAL LETTERS)

Name :	Applicant Photo
ASI Membership No.Year of Joining.....	
Sex : <input type="checkbox"/> M <input type="checkbox"/> F Age.....Date of Birth.....	
Qualification	
Address	
Phone No. :.....Mobile No.....	
e-mail :	

DECLARATION

I hereby declare that the information given above are correct and I assure that if at any time any statement given above is found to be incorrect, my membership, if granted will be liable to cancelled and the fee paid by me will be forfeited.

I hereby undertake that I shall abide by the Rules and Regulations of the Indian Association of Endocrine Surgeons.

I enclosed the DD No.....dated.....for Rs. 2000/-
(Two Thousands only) drawn on.....Bank
in favour of **Indian Association of Endocrine Surgeons payable at Chennai.**

Date:

Place:

Signature of the Applicant

SPONSORSHIP

Certified that we know Dr.

and we certify that the particulars furnished by him are true to the best of our knowledge.

Sponsored by Dr. Seconded by Dr.

ASI Membership No. ASI Membership No.

Signature: Signature:

FOR OFFICE USE

ADMITTED / NOT ADMITTED

IAES No.

Date :

Honorary Secretary

Note : • Kindly send the Application Form with DD to Dr. Anand Kumar Mishra, Honorary Secretary – IAES.

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George's Medical University, Lucknow – 226003 U.P. India

- Membership of ASI is mandatory for membership of IAES