

Membership Application Form

Hysteroscopy Society of India

Membership Category:

- ❖ Life Member – Rs. 10,000
- ❖ Membership for 5 Years – Rs. 3000

Personal Information:

- ❖ Name: _____
- ❖ Address: _____
- ❖ City: _____
- ❖ State: _____
- ❖ Pincode: _____
- ❖ Email: _____
- ❖ Phone: _____
- ❖ Mobile: _____

Professional Information:

- ❖ Degree: _____
- ❖ Highest Academic Qualification (Degree With Year) _____
- ❖ Specialization: _____
- ❖ Previous Training in Hysteroscopy if any, Please specify _____
- ❖ Hospital/Institution: _____
- ❖ Designation: _____

Membership Details: Membership Type (select one):

- ❖ Life Member Rs. 10,000
- ❖ Membership for 5 Years Rs. 3,000

Payment Mode: Online Transfer Cheque DD .Payment Date: _____

Account Number: 42905658697

Name of the Account: Hysteroscopy . IFSC Code: SBIN0001536

Applicant Signature: _____

Date: _____

Note: Please attach a copy of your degree and proof of payment with the application form & email to hysteroscopysocietyindia@gmail.com .Membership application is subject to approval by the Executive Committee of the hysteroscopy Society of India.