



लोकः समस्ताः सुखिनो भवन्तु

ARSI

THE ASSOCIATION OF RURAL SURGEONS OF INDIA

Application Form for Membership

To

The Honorary Secretary, A.R.S.I.
Sushruta Hospital, Khetia Road,
Shanada - 425 409, Maharashtra.

FOR OFFICE USE

Membership type & No.
Accepted on Admitted on
Hon. Secretary

Dear Sir,

I wish to be ASSOCIATE / FULL / LIFE member of the Association of Rural Surgeons of India. If selected, I agree to abide by the rules and regulations of the Association.

Information about me is as follows: (Please use CAPITALS)

Name	First name	Second name	Last / Surname
Qualifications :	University / Institution		Year of obtaining
1.
2.
3.
Address for correspondence :	Date of Birth :		Sex :
.....	Medical Council with whom registered :	
.....
Town / City	Pin	Registration Number :	
Date	Duration of practice :
Signature	Percentage of surgical practice :		

Proposed by : Seconded by :

A.R.S.I. Membership No. A.R.S.I. Membership No.

Signature Signature

For office use :

Received cash / D.D. No. for Rupees (Rs.)

Drawn on bank and dated Vide Receipt No.

Fees :

Admission fee (adm. fee) : Rs. 100 only

Subscriptions : FULL member - Rs. 250 + Rs. 100 (adm. fee) = Rs. 350 with application, then Rs.250 annually,
ASSOCIATE member - Rs. 150 + Rs. 100 (adm. fee) = Rs. 250 with application, then Rs. 150 annually,
LIFE member - Rs. 2500 + Rs. 100 (adm. fee) = Rs. 2600 once only with application.
OVERSEAS member - US\$ 350 once only with the application. (Surgeons from the SAARC countries may pay equivalent of Rs. 2600 once only)

All drafts must be drawn on Association of Rural Surgeons of India, payable at Honorary Secretary's address.

Evidence of qualification and registration may have to be produced for verification.