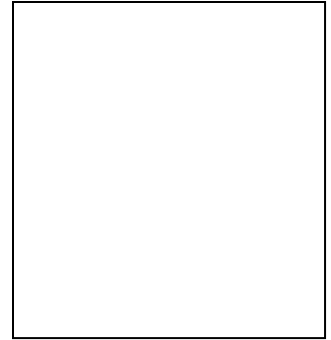


DELHI GYNAECOLOGICAL ENDOSCOPISTS SOCIETY

Membership Application Form



The President

Delhi Gynaecological Endoscopists Society

BLK Super Speciality Hospital

Department of Gynaecology & Obstetrics

Pusa Road, New Delhi - 110005

WebSite :- www.dges.in

Email: dgesblk2019@gmail.com

Contact Us : 9999774988,9873120509, 9910001711

Respected Mam/Sir,

I wish to join the Delhi Gynaecological Endoscopists Society (DGES) as a Life 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 _____ Primary Speciality: _____

Email id: _____

Professional affiliation (Hospital/Clinic): _____

Signature: _____

Enclosed: Attached or scanned One Photograph & Cheque/Demand Draft should be made in Favor of “Delhi Gynaecological Endoscopists Society”, payable at New Delhi. Yearly Membership Rs. 500/-, Life Membership Rs.3,000/. Membership fee can also be paid online through RTGS/NEFT/IMPS on the account details given below:

Bank Details:

Bank Account	DELHI GYNAECOLOGICAL ENDOSCOPISTS SOCIETY
Bank Account No.	1522000100400294
Bank Name	PUNJAB NATIONAL BANK, RAJINDRA PLACE
IFS Code	PUNB0152200

The duly filled form should be sent along with transaction details on

[Email id: dgesblk2019@gmail.com](mailto:dgesblk2019@gmail.com)