Society of Endoscopic and Laparoscopic Surgeons of India (SELSI)

Room No. 405, 4th Floor, Surgery Block, Department of Surgical Disciplines
All India Institute of Medical Sciences, New Delhi -110029, India
Website : www.selsi.in E-mail : secretary.selsi@gmail.com
Phone No +91-11-26594769,+91-11-26594776, Fax No. +91-11-26588324

MEMBERSHIP FORM

To
Hon. Secretary
SELSI

Sir,
I wish to apply for the membership of SELSI under the following category and I affirm that I will abide by rules and regulations of SELSI, if my membership is approved by the Executive Committee of SELSI.

Membership Type **Please Tick**

Life Member ☐
Associate Member ☐
Overseas Member ☐
Corporate Member ☐

Paste Photograph

Applicant's Information

Name_____ Surname _____
Date of Birth _____ Nationality _____

Professional Address

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

Address for correspondence

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Education

	College / University	Year of Passing
MBBS		
Post Graduation		
Super Specialty		

Are you a

General Surgeon ☐ Gynaecologist ☐ Urologist ☐ Surgical Oncologist ☐
Paediatric surgeon ☐ Endoscopist ☐ Others, please specify_____

For Official use only : _____

Membership approved : Yes ☐ No ☐
SELSI No. _____
Confirmation sent on : _____

www.selsi.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	Number in last 12 months	Number in last 2 yrs.

Was laparoscopic surgery a part of your postgraduate training, if yes, name of institution

_____

Have you had formal training in laparoscopic/endoscopic surgery, if yes, where

_____

Sponsors

Two members of SELSI /or Two Senior Surgeons of your Area / or Two of Your Colleagues

_____ _____
Signature of Sponsor 1 Signature of Sponsor 2
Name_____ Name_____
M. No._____ M.No._____

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/

Payment Details

Account Name : Society of Endoscopic and Laparoscopic
Account : 31098611494
Bank Name & Branch : State Bank of India, AIIMS Ansari Nagar New Delhi
IFSC Code :SBIN0001536

To be enclosed:

1. Copy of post graduate degree certificate
2. Two passport size photographs
3. Demand Draft, in favor of "SELSI" payable at SBI, Ansari Nagar, New Delhi, India

The complete application form may be mailed to:

Dr. Asuri Krishna
Secretary SELSI
Department of Surgical Disciplines
Room No. 405, 4th Floor, Surgery Block
All India Institute of Medical Sciences,
Ansari Nagar, New Delhi -110029, India

Payment for the registration can be made via NEFT or UPI (Details below, barcode attached)

Note: Please send a scanned copy of transfer receipt and duly filled registration form secretary.selsi@gmail.com or send the payment screenshot at Whatsapp- +91 8826168604

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