



# Indian Association of Gynaecological Endoscopists

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**Dr. S Krishnakumar, President** • 9820067318  
**Dr. P Palaskar, Hon. Secretary General** • 9372235934

Secretariat: C/o Dr. P Palaskar, Hon. Secretary General  
Address: Endoworld hospital, 723 in front of airport, Chikalrhana,  
Aurangabad.431006  
Mobile: 9372235934 • [iage.office@gmail.com](mailto:iage.office@gmail.com)  
Office Secretary: Ramachandran Iyer. Mobile: 9768214556

## APPLICATION FORM FOR LIFE MEMBERSHIP

I hereby apply to be a Life Member of **INDIAN ASSOCIATION OF GYNAECOLOGICAL ENDOSCOPISTS (IAGE)**. I am herewith sending the entrance and membership fees by D.D./ Cheque No: \_\_\_\_\_ Dated \_\_\_\_\_ for ₹. \_\_\_\_\_ on \_\_\_\_\_ (bank) in favour of IAGE

**Life membership fee (Including Entrance Fee & GST) ₹ 7500/-\*** with effect from 1<sup>st</sup> November 2018

(Additional ₹ 100/- for out station cheques)

**Eligibility:** Life Member must be MBBS with post graduate qualification in Obstetrics and Gynaecology recognized by M.C.I. (Please attach attested Photocopy of the qualification certificate/ certificates & Medical council registration certificate)

1. Name in full: \_\_\_\_\_
2. Sex: Male  Female  3. Age \_\_\_\_\_ Years
4. Complete postal Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Pin code\*: \_\_\_\_\_ State: \_\_\_\_\_  
Tel. No. (landline with code): \_\_\_\_\_ Mobile No\*: \_\_\_\_\_  
Email\*: \_\_\_\_\_
5. Degrees and diploma with dates\*: \_\_\_\_\_
6. State Medical Council Registration No\*: \_\_\_\_\_
7. Date of Application: \_\_\_\_\_

### Recommended by:

1. Dr. \_\_\_\_\_
2. Dr. \_\_\_\_\_ Signature of applicant: \_\_\_\_\_

(Recommendation of two members is necessary. In case the applicant is unable to obtain the same, the secretary will do the needful in the Association office.)

Incomplete forms will not be accepted. \*Absolutely necessary to be entered.

### For Office Use:

Date of receipt of form: \_\_\_\_\_ Enrolled on \_\_\_\_\_ as a Life Member

**Dr. P Palaskar**  
**Hon. Secretary General** \_\_\_\_\_

**Dr. S Krishnakumar**  
**President** \_\_\_\_\_

# MEMBERS DETAILS FORM

We want to update the information of all our members of the Indian Association of Gynaecological Endoscopists (IAGE). Please submit the following information for the same along with a photograph

**Dr. S Krishnakumar, President • 9820067318**  
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Mobile: 9372235934 • Email: [iage.office@gmail.com](mailto:iage.office@gmail.com), website: [www.iageonline.com](http://www.iageonline.com)  
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1. Name in full: \_\_\_\_\_
2. Sex: Male  Female
3. Age \_\_\_\_\_ Years
4. Date of Birth: \_\_\_\_\_
5. Qualification: \_\_\_\_\_
6. Name of spouse: \_\_\_\_\_
7. Name of Children: \_\_\_\_\_
8. Complete Postal Address (Clinic): \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Pin code\*: \_\_\_\_\_ State: \_\_\_\_\_  
(Residence): \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Pin code\*: \_\_\_\_\_ State: \_\_\_\_\_
9. Attachment: \_\_\_\_\_  
(to hospital)
10. Telephone Nos.- Clinic: \_\_\_\_\_ Residence: \_\_\_\_\_  
Mobile\*: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email\*: \_\_\_\_\_ Website: \_\_\_\_\_
11. Anniversary: \_\_\_\_\_

\* Absolutely necessary to be entered.