

Registration Form : ENDOSURG 2016



In Commemoration of the Diamond Jubilee Year (2015-16) of All India Institute of Medical Sciences, New Delhi

Xth AIIMS Surgical Week

International Minimal Access Surgery Conference, CME cum Live Workshop

8th National Conference of Indian Hernia Society (IHSCON)

Mid Term Conference of Society of Endoscopic and Laparoscopic Surgeons of India
(Mid Term SELSICON-2016)

Friday 4th March through Sunday 6th March 2016

AIIMS Post Graduate CME

On 3rd March 2016

Name : _____

Accompanying Person(s): _____

Address : _____

Institution/Hospital : _____

City : _____ Pin : _____

Telephone Number:

Office : _____ Mobile : _____ Landline Resi : _____

Fax : _____ E mail : _____

Whether a Member of IHS / SELSI/ICLS Yes No

IHS. Membership No. _____ SELSI Membership No. _____

Payment Details

Amount : _____

Drawn on bank : _____

Draft Number : _____ Date _____

Signature

For Official use only

Registration No. _____

Receipt No. _____

www.endosurg.org

Registration Fee

Category	Early Bird Before 31 st January 2016	Before 15 th February 2016	Spot*
Conference, 4th - 6th March 2016			
Indian delegates	Rs. 1,000/-	Rs. 2,000/-	Rs. 3,500/-
IHS/SELSI Members	Rs. 750/-	Rs. 1,500/-	Rs. 2,500/-
PG Students	Rs. 750/-	Rs. 1,500/-	Rs. 2,000/-
Foreign Delegates	75 USD	150 USD	200 USD
Spouse/accompanying persons	Rs. 750/-	Rs. 1,500/-	Rs. 2,000/-
Post Graduate CME, 3rd March, 2016			
Post Graduate CME	Rs. 750/-	Rs. 1,500/-	Rs. 2,000/-

Demand draft in favor of "ENDOSURG" and mail to

Conference Secretariat

Organizing Secretary

R.No. 5021/5023, 5th Floor, Department of Surgical Disciplines

Teaching Block, All India Institute of Medical Sciences

Ansari Nagar, New Delhi-110029, India

Website: www.endosurg.org, Email: endosurgaiims@gmail.com

Phone: +91-11-26594769, +91-11-26593929; Fax No. +91-11-26588324

For information :

Contact: Ms. Vandana +91-11-26594769, Ms. Yogmaya +91-11-26593929

Please Note:

- Delegates cannot register for Post Graduate CME only. Conference registration is mandatory to attend Post Graduate CME.
- For Residents (Post-Graduates), a certificate from Head of the Department is mandatory which should be sent along with the registration.
- Payment : All payments are to be made by Demand Drafts / cash in favor of "ENDOSURG", payable at New Delhi, or



www.endosurg.org

Society of Endoscopic and Laparoscopic Surgeons of India (SELSI)



Room No. 5031/5023, 5th Floor, Teaching 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



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 : _____

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 ₹ 1,000/-
 Assoc. Members ₹ 1,000/- (PG Students only)
 Overseas Members 50 USD
 Corporate Members ₹ 5,000/

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. Virinder Kumar Bansal
Secretary SELSI

Room No. 5031/5023, 5th Floor, Teaching Block,
 Department of Surgical Disciplines
 All India Institute of Medical Sciences,
 Ansari Nagar, New Delhi - 110029, India

Indian Hernia Society



Room No. 5031/5023, 5th Floor, Teaching Block,
 Department of Surgical Disciplines
 All India Institute of Medical Sciences, New Delhi -110029, India
 Website : www.hernia.in E-mail : secretary.ihs@gmail.com
 Phone No +91-11-26594769,+91-11-26594776, Fax No. +91-11-26588324

(MEMBERSHIP FORM)

To _____
 Hon. Secretary
 IHS

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

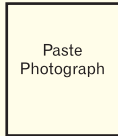
Membership Type **Please Tick**

Life Member

Associate Member

Overseas Member

Corporate Member



Applicant's Information

Name _____ Surname _____
 Date of Birth _____ Nationality _____

Professional Address

Institution _____
 Department _____
 Address _____

 City _____
 State _____
 Pin Code _____
 Phone _____
 Fax _____
 Email _____

Residential Address

Education

	College / University	Year of Passing
MBBS		
Post Graduation		
Super Specialty		

For Official use only :

Membership approved : Yes No

IHS No. _____

Confirmation sent on : _____

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	Experience (in years)	No. of Procedures In Past 1 year	No. of Procedures In Past 2 year
Diagnostic Laparoscopy			
Lap. Cholecystectomy			
Lap. Appendectomy			
Incisional / Ventral Hernia			
Groin Hernia: Open/Laparoscopy			

Payment Details

Draft/ Cheque No. _____ Dated _____
 Drawn on _____
 Amount Rs . _____
 Date _____

Place _____

Signature of Applicant

Membership Fees

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 Assoc. Members ₹ 1,000/- (PG Students only)
 Overseas Members 50 USD
 Corporate Members ₹ 5,000/-

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The complete application form may be mailed to:

Dr. Virinder Kumar Bansal
Secretary IHS

Room No. 5031/5023, 5th Floor, Teaching Block,
 Department of Surgical Disciplines
 All India Institute of Medical Sciences,
 Ansari Nagar, New Delhi -110029, India