

GERIATRIC SOCIETY OF INDIA®

K-49, Green Park, New Delhi - 110 016

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MEMBERSHIP FORM

I wish to join Geriatric Society of India as Life / Ordinary member and promise to abide by its rules and regulations

Full Name (block letters)..... Age.....M/F...

Qualification (with year & university).....

Residential Address.....

.....Tel. :.....

Email

Office Address with designation

.....Tel. :.....

Category of Membership : Specialist / Family Physician / Non Medical

Membership fee: **National: Life Member Rs. 5000/-** in favour of "Geriatric Society of India"

Overseas: Life Member USD 250 in favour of "Geriatric Society of India"

Amount remitted by Cash/Demand Draft/MO No..... Date.....

..... Signature of Applicant

Proposed by

Seconded by

Name.....

Name

Address

Address.....

Membership No

Membership No.

Note: In the absence of availability of proposer and seconder please send the following:

1. A photocopy of Degree
2. Photocopy of registration by Medical Council of India / State Medical Council
3. In case of non-medical member proposer and seconder are essential.

For Official Use

Membership No.

Signature of Hony. Sec.....