

GERIATRIC SOCIETY OF INDIA®

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

E-mail: opsharma.gsi@gmail.com , opsharma@geriatricindia.com Visit us at : <http://www.geriatricindia.com>

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. :.....

Office Address with designation

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

Email

Category of Membership (Please tick one): Specialist / Family Physician / Non Medical (above 60 years only)

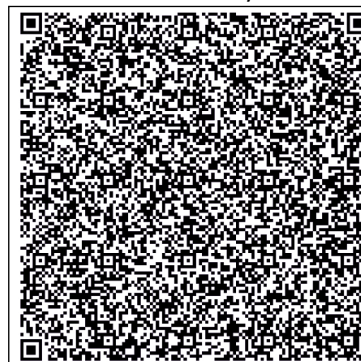
Life Membership fee

- | | |
|---------------------------|--------------|
| 1. National Individual | Rs. 7,500/- |
| 2. National Institutional | Rs. 15,000/- |
| 3. Overseas Individual | USD 250 |

Associate Membership Fees (Without voting right)

- | | |
|-----------------------------|-------------|
| 1. AYUSH | Rs. 5,000/- |
| 2. Nurses / Physiotherapist | Rs. 4,000/- |

Scan & Pay



Bank Details :- Account Name - Geriatric Society of India, Account No. 408260693
IFSC Code - IDIB000H019, Account Type - Savings
Pay by UPI ID - 9560042237@indianbnk

Proposed by

Name.....

Address

Membership No

Seconded by

Name

Address

Membership No.

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

1. A photocopy of Degree
2. Photocopy of registration by relevant Medical Council
3. In case of non-medical member proposer and seconded are essential.

For Official Use

Membership No.

Signature of Honorary Secretary