



Association of Minimal Access Surgeons of India

AMASI

Membership Application

Applicant Information

Name :

Sur Name :

Date of Birth :

Degree :

E-Mail :

Professional Information

Residential Address

Institution :

Department :

Address :

City :

State :

Pincode :

Phone :

Fax :

Education :

MBBS

College :

University :

Year of Passing :

Post Graduation

College :

University :

Year of Passing :

Super Speciality

College :

University :

Year of Passing :

Medical Council Registration

Registration NumberState

Whether an active member of ASI : Yes / No

ASI Registration NumberState

Whether a member of any other international Organisations

SAGES / ELSA / OTHERS (Please Mention)

Current Endoscopic / Laparoscopic Experience

| Procedure | Experience (in years) | No.of Procedures Past 1 year | No. of Procedures Past 5 years |
|------------------------|-----------------------|------------------------------|--------------------------------|
| Diagnostic Laparoscopy | | | |
| Lap. Cholecystectomy | | | |
| Lap. Appendectomy | | | |
| Lap. Hernioplasty | | | |
| Upper GI Scopy | | | |
| Colonoscopy | | | |
| ERCP | | | |

Any other procedures (please mention)

Demand Draft Details:DD in favour of **Association of Minimal Access Surgeons of India**, payable at Coimbatore.

Demand Draft No :

Bank :

Date :

Place :

Signature

To be enclosed

1. Copy of graduate degree certificate
2. Copy of ASI membership certificate
3. Two passport size photographs
4. Demand Draft for Rs.2000 in favour of association of minimal access surgeons of India

For Official Communications

Convenor

Dr.C.Palanivelu, MS, MCh, MNAMS, FACS

Director

GEM Hospital India (P) Ltd, 45-A, Pankaja Mill Road, Coimbatore – 641 045. India

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e-mail : amasi.india@gmail.com,Website : www.amasindia.com**For Office Use**

Received Date :

Receipt sent on :

Membership No :