

Vipulroy Rathod  
Secretary, Society  
of Gastroenterology  
of India



SOCIETY OF GASTROINTESTINAL  
ENDOSCOPY OF INDIA

### MEMBERSHIP FORM

Paste P.P. photo

Applicant's Name : \_\_\_\_\_

Membership Category : \_\_\_\_\_

Signature : \_\_\_\_\_

Place : \_\_\_\_\_ Date : \_\_\_\_\_

## Information to applicants seeking SGEI Membership

- There are four types of SGEI membership (Life, Associate, Honorary Life and Corporate Membership).
- Life member should hold a postgraduate degree in medical (MD) or surgical (MS) speciality, should be a practitioner of allopathic medicine and registered with the MCI or its state branches. He should also have documentary evidence of training experience in digestive endoscopy. Applicants who do not full fill this may apply for associate membership only.
- For honorary life membership, the candidate should be sponsored by two members of the governing council 6 weeks before the proposed meeting of the council.
- The complete application must be accompanied by letter of recommendation of chief of clinical service under whom the applicant is serving/learning and an A/c payee cheque/DD for Rs,5000/- for life membership, US \$500 for NRI/Foreign life members (Non SAARC), Rs.8000/- for SAARC residents life member, Rs.50,000/- (annual) or Rs.2,00,000/- (life membership) for corporate membership, Rs.500/- (annually) for associate membership in favor of "Society of Gastrointestinal Endoscopy of India" payable at Kolkata (Please add Rs. 40/- for clearing charges of outstation cheques.) The fee will be refunded if the application is not accepted.
- Two life members of SGEI must introduce the applicant; at least one of who should have personal knowledge of the applicant's knowledge and skills.
- If an applicant can't find introduction by a second society member, a letter of recommendation from chief of the service who is aware of the applicant's endoscopic skills may be submitted in lieu of second member's introduction.
- A letter from the applicant's instructor in endoscopy is required in the event the instructor is not one of the introducers of the applicant.
- Send completed application forms supported by appropriate documents to :  
Secretary SGEI, at the address given above.

1. Applicant's Name in full .....

2. Date and place of birth .....

3. Office address .....

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4. Residential address .....

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5. Phone - Mobile / Land line / Fax numbers .....

6. E-mail address..... Preferred mailing address Office  Home

7. Details of payment (Payable to society of GI Endoscopy of India at Kolkata)

DD/Cheque No ..... Amount ..... Dated .....

8. Education	Institution	Degree	Date
Graduation (MBBS)	.....	.....	.....
Post Graduation (MD, MS)	.....	.....	.....
Super Specialization (DM, Mch)	.....	.....	.....

9 Training	Institution	Chief	Dates
Internship	.....	.....	.....
Residency	.....	.....	.....
Senior Residency	.....	.....	.....

10. Medical Registration (please enclose a copy)

State ..... Registration No. .... Date .....

11. Endoscopy Training

Program	Trainer	Date
.....	.....	.....
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.....	.....	.....

**12. Endoscopy done in past 12 months**

**Assisted**

**Done**

Upper GI endoscopy

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Sigmoidoscopy

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Colonoscopy

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ERCP

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EUS

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Therapeutic Endoscopy (give details)

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**13. Academic appointments**

**Appointments**

**Institution**

**Dates**

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**14. Hospital Appointments**

**Appointments**

**Institution**

**Dates**

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**15. Membership of scientific societies**

**Name of Society**

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**16. Any other information supporting application**

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**First Reference**

**Name** .....

**Address** .....

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**Applicants Endoscopic Instructor - Yes / No**

**Life Member of SGEI Yes / No**

**Name** ..... **Signature** ..... **Date** .....

**Second Reference**

**Name** .....

**Address** .....

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**Applicants Endoscopic Instructor Yes/No**

**Life member of SGEI Yes / No**

**Name** ..... **Signature** ..... **Date** .....

**Checklist for completed application form**

- 1. Duly filled form with signature
- 2. Copy of Postgraduate Certificate
- 3. Copy of medical Registration
- 4. Demand Draft
- 5. Letter of recommendation from Chief of Endoscopy services where trained
- 6. 2 Photographs (one pasted)

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**OFFICE USE ONLY**

**Application No.** ..... **Date received :** ..... **Sign.** .....

**Draft No.** ..... **Dated** ..... **Amount** .....

**Accepted as Life Member / Honorary Member on** .....

**Membership Number** ..... **Signature of Secretary** . .....

**Reasons if Rejected** .....

**Signature of Committee Members** .....

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