

Sundeep Lakhtakia
Hon.Secretary,
Society of Gastrointestinal
Endoscopy of India (SGEI)



Paste P.P. photo

**SGEI Secretariat, AIG Hospitals,
(Beside Ramky Towers),
MindSpace Road, Gachibowli,
Hyderabad- 500032, Telangana** SOCIETY OF GASTROINTESTINAL
ENDOSCOPY OF INDIA
MEMBERSHIP FORM

Applicant's Name : _____

Membership Category : _____

Signature : _____

Place : _____ Date : _____

Information to applicants seeking SGEI Membership

- Four category of SGEI membership (Life, Associate, Honorary Life & Corporate).
- "Life member" should hold a PG 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 fulfill this may apply for "associate membership" only.
- For "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 for the chief of clinical service under whom the applicant is serving / learning.
- 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.
- 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.
- Payment can be made by A/c payee cheque / Demand draft / online transfer , in favor of "Society of Gastrointestinal Endoscopy of India" payable at Hyderabad.

The fee is as follows:

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| a) For life membership | ₹ 5000/-. |
| b) For NRI / Foreign life members (Non SAARC) US | \$500. |
| c) For SAARC residents life member | ₹ 8000/-. |
| d) For corporate membership | ₹ 50,000/- (annual) or ₹ 2,00,000/- (life membership). |
| e) For associate membership | ₹ 500/- (annually). |

Please add ₹ 40/- for clearing charges of outstation cheques.

The fee will be refunded if the application is not accepted.

h) If paid through netbanking, please share screenshot or any proof of online payment.

- Send completed application forms supported by appropriate documents to: Secretary SGEI, at the address given above.

- **Account Details**

- a) Bank Name: Axis Bank
- b) Account Number: 918010090061700
- c) Name : Society Of Gastro Intestinal Endoscopy Of India
- d) IFSC
ode: UTIB0000008

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 HYD)

DD/Cheque No Amount Dated

8. Education Institution Degree Date

Gratuation (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

Assisted

Done

months 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/cheque/online payment proof
- 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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