



July 2025

**Gastrointestinal Infection Society of India**  
**(www.gisionline.org)**  
**Membership Form**

Full Name	First	Middle	Last
<b>Prof/ Dr/ Mr/ Ms/Mrs</b>			
Father's / Mother/ Spouse/ Name			
<b>Date of Birth DD/MM/YYYY</b>		Qualification(s)	
<b>Current Designation &amp; Affiliation</b>			
<b>Official Address</b>			
<b>Permanent Residential Address</b>			
<b>Mobile Number</b>			
	(This will be added to the GISI WhatsApp community)		
Phone Number			
<b>Email id</b>			
	(This will be added to the GISI mailing list)		
<b>Please identify your expertise</b>	Microbiologist/ Clinical Infectious disease expert/ Gastroenterologist/ Surgeon/ Other (Please mention)		

**Payment details**

Transaction ID: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Transaction made from Account Number/ Credit card/ Debit Card (Please mention last four digits): \_\_\_\_\_

Amount: \_\_\_\_\_

I declare that the information given by me is true and correct and that I will abide by the association rules and regulations if my membership application is approved.

Signature \_\_\_\_\_

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

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



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**References:** Please mention the name and life membership number of a GISI member who can introduce you

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### IMPORTANT INFORMATION

- Please note that the membership number will be allotted only on receipt of physical form with signature, receipt of membership fee (only through online bank transfer) and confirmation by the reference
- We do not accept CASH/ CHEQUE / DEMAND DRAFT

### Membership Fee details

Individuals (India, Nepal, Sri Lanka, Bangladesh): INR 5000.00
Individuals (Foreign): USD 500.00
Institutions: INR 10, 000.00
Corporates: INR 1,00,000.00 and above

**Cheques/Demand draft** should be drawn in favour of "Gastrointestinal Infection Society of India" payable at Chandigarh.

**Online transaction should be made in favour of**

Gastrointestinal Infection Society of India

Account Number: 30125474716

IFSC Code SBIN0001524

SBI Medical Institute Branch

Chandigarh

**Membership form should be mailed to (India Post/ Speed Post preferable)**

Dr. Vishal Sharma, Room No 12, Department of Gastroenterology, Nehru Hospital, Ground Floor, F Block, Postgraduate Institute of Medical Education and Research, Chandigarh, India-160012

E-mail: [gisi.society@gmail.com](mailto:gisi.society@gmail.com) ; [gisi2007@rediffmail.com](mailto:gisi2007@rediffmail.com)