

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

Full Name	First	Middle	Last
Prof/ Dr/ Mr/			
Ms/Mrs			
Father's / Mother/			
Spouse/ Name			T
Date of Birth DD/MM/YYYY		Qualification(s)	
Current			
Designation &			
Affiliation			
Official Address			
Permanent Residential Address			
Mobile Number			
Phone Number			
Email id			
Please identify	Microbiologist/ Clinical Infectious disease expert/		
your expertise	Gastroenterologist/ Su	urgeon/ Other (Please r	mention)
Payment details Cheque/DD Number/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			
	nd regulations if my me		
Signature			
Place: Date:			<del></del>
References: Please mention the name and life membership number of a GISI member who can introduce you			

#### IMPORTANT INFORMATION

- Please note that the membership number will be allotted only on receipt of physical form with signature, receipt of membership fee and confirmation by the reference
- No need to send this page

## **Membership Fee details**

Individuals (India, Nepal, Sri Lanka, Bangladesh): INR 3000.00

Individuals (Foreign): USD 200.00

Institutions: INR 3000.00

Corporates: INR 25,000.00 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 and the cheque/draft 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; gisi2007@rediffmail.com