

Recent Photograph

Membership form



Delhi State Chapter Association of Surgeons of India

Personal Details (Mandatory)	
Name: (In Block letters)	Year of Completion MBBS _____
Sex:	
Contact Address:	MS/DNB(Surgery) _____
	College
Phone:	
Mobile:	University
Email:	ASI Membership. No.

Institute at which presently working:

Position:

Payment Details: (DD/Cheque)

Demand Draft/Cheque in name of "Delhi State Chapter of ASI" payable at "Delhi".

Demand draft/cheque no: _____ Dated _____

Kindly send registration form with demand draft/cheque to:-

Dr Tarun Mittal, Secretary, Delhi State Chapter,

Room No. 1200, 2nd Floor Old Building,

Sir Ganga Ram Hospital, Old Rajender Nagar,

New Delhi 110060

Date

Signature of candidate