



The Association of Breast Surgeons of India ABSI

www.absi.in

Photo required for
preparing
Membership card

MEMBERSHIP FORM

Basic Information

Name :

Surname :

Date of Birth :

Degree :

E-Mail :

Professional Information

Residential Address

Institution :

Department :

Address :

City :

State :

Pincode :

Phone :

Fax :

Education :

MBBS

College :

University :

Year of Passing :

Post Graduation

College :

University :

Year of Passing :

Super Speciality

College :

University :

Year of Passing :

Medical Council Registration

Registration Number -----State -----

Whether an active member of ASI: Yes/No

ASI Registration Number ----- State -----

Whether a member of any other International Organisations IASO/OTHERS (Please Mention)

CATEGORY OF MEMBERSHIP

Life Member :General Surgeons, Surgical Oncologists & Plastic Surgeons who are Life Members of ASI
Membership fee : Rs. 2000/-

Associate Member : Trainees in general Surgery, Surgical Oncology & Plastic surgery
Membership Fee : Rs. 1500/-

Overseas Member : General Surgeons, Surgical Oncologists & Plastic Surgeons living Overseas
Membership fee :\$300/-

Affiliate Member :Gynecologists, General Practitioners, Radiologists, Pathologists, Medical Oncologists, Radiation Oncologists, Breast Care Nurses, Palliative care Physicians & Breast cancer Advocacy groups
Membership fee : Rs. 1500/-

Demand Draft details

DD in favour of **Association of Breast Surgeons of India**

Demand Draft No:

Bank :

NEFT/RTGS Details :- Name of the Beneficiary :Association of Breast Surgeons of India

Bank Account No:04852010061471

Bank Name : Syndicate Bank

Address : Manipal Hospital, 98, Rustom Bagh,

Bangalore – 560017

IFSC code : SYN0000485

Date :

Place :

Signature

Proposed By:

ABSI Life Membership No :

Signature

Seconded By:

ABSI Life Membership No :

Signature

Contact Details

ABSI Secretariat

Ms.Suma

Department of Surgical Oncology

Manipal Hospital , HAL Airport Road,

98, Rustom Bagh,

Bangalore-560017

[Email:absisec@gmail.com](mailto:absisec@gmail.com)

Mobile: 9731994690

For Office Use

Received Date : ----- Receipt sent on -----

Membership No :