THORACIC ENDOSCOPY SOCIETY

(Registered under the Rajasthan Society Act no. 20 of 1958)

LIFE MEMBERSHIP FORM

Attach Photo

NAME: _____

(LAST NAME) (FIRST NAME) (MIDDLE NAME)

SEX: MALE / FEMALE DATE OF BIRTH: _____ /_____ /_____

DAY MONTH YEAR

SPECIALITY _____ MEDICAL REGISTRATION NO. _____

(Attach Photocopy)

POST GRADUATION _____ YEAR OF DEGREE _____

(Attach Photocopy)

SUPER SPECIALITY _____ NAME OF UNIVERSITY _____

(Attach Photocopy)

PRESENT ACADEMIC POSITION _____ _____

POSTAL ADDRESS_____

_____PIN _____ PHONE NO. _____

E-MAIL: _____ _____ MOBILE NO. _____

FELLOWSHIP / MEMBERSHIP

(Attach Extra sheet if required)

LIST OF PUBLICATIONS –

(Attach Extra sheet if required)

ARE YOU DOING BRONCHOSCOPIC PROCEDURES?: YES / NO

NO. OF FOB / RIGID & EBUS / EUS / PROCEDURES DONE PER MONTH _____

NO. OF THORACOSCOPY PROCEDURES / VATS DONE PER MONTH _____

NO. OF INTERVENTIONAL RADIOLOGY PROCEDURES PER MONTH _____

INTRODUCED BY

NAME (1) _____ (TES Life Membership No._____)

ADDRESS _____

_____

SIGNATURE _____

NAME (2) _____ (TES Life Membership No._____)

ADDRESS _____

_____

SIGNATURE _____

MEMBERSHIP FEE BY CASH/ CHEQUE RS 5000/- (LIFE)

Cheque No. _____ Dated _____ Bank Name _____

APPLICANT'S SIGNATURE

Please send the registration form along with a DD / Banker cheque in favour of "THORACIC ENDOSCOPY SOCIETY, JAIPUR" payable at Jaipur, to the organizing president at the conference secretariat address.

ACCOUNT DETAILS

Account Name	THORACIC ENDOSCOPY SOCIETY	Bank Name - INDIAN BANK
Branch	SUBHASH NAGAR, JAIPUR	Account No. – 50145876219
IFSC Code	I D I B 0 0 0 J 5 2 6	

Secretariat : C- 24, Vaishali Marg, Vaishali Nagar, Jaipur-302021, Rajasthan. Email: theendoscopy@gmail.com

Website : www.tesjaipur.com, Contact – Dr. R B Gupta – 93140 40754, Dr. R P Meena - 94140 72286