

ASSOCIATION OF CUTANEOUS SURGEONS OF INDIA (ACSI)

Application for Membership

1. Name (in full):
2. Date of Birth (YY/MM/DD):
3. Mailing Address:
4. Permanent Address:
(if different from mailing address)
5. Telephone

	<u>Home</u>	<u>Office</u>
(Include STD Code)	_____	_____
Fax	_____	_____
Telex (cable)	_____	_____
Pager No./Mobile	_____	_____
Email		
6. Education:

	<u>Qualification</u>	<u>University</u>	<u>Year of Passing</u>
1.			
2.			
3.			
4.			
7. Major Publications in the field of Dermatologic surgery (list upto 5; do not attach the publications)

8. Your subjects of interest (in dermatologic surgery)

9. Are you interested in (please tick)

Organising Workshop & Conference

Giving Guest Lectures

Being the Panelist for discussion

Demonstrating Surgical Techniques

10. Attach scanned compressed copy of post-graduate degree/diploma and medical council PG registration certificates with this form.

11. Your institution (Teaching or other attachments)

12. I certify that the statements made by me in this form are true, complete and correct. I understand that any false statement may provide grounds for cancellation of membership from the association.

Date:

Place:

Signature

[PDF to Word](#)