

Sundeep Lakhtakia  
Hon.Secretary,  
Society of Gastrointestinal  
Endoscopy of India (SGEI)



SGEI Secretariat, AIGHospitals,  
Mindspace Road, Gachibowli,  
Hyderabad- 500032, Telangana  
sgei.secy@gmail.com  
9959071921

SOCIETY OF GASTROINTESTINAL  
ENDOSCOPY OF INDIA

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### MEMBERSHIP FORM

Applicant's Name: \_\_\_\_\_

Membership Category: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Date : \_\_\_\_\_

## Information to applicants seeking SGEI Membership

- 1) Four categories of SGEI membership (Life, Associate, Honorary Life & Corporate membership).
- 2) **“Life member”** should hold a PG degree in medical (MD) or surgical (MS) specialty, should be a practitioner of allopathic medicine and registered with the MCI or its state branches. He should also have documentary evidence of training experience in digestive endoscopy. Applicants who do not fulfill this may apply for **“Associate membership”** only.
- 3) For **“Honorary life membership”**, the candidate should be sponsored by two members of the governing council 6 weeks before the proposed meeting of the council.
- 4) The complete application must be accompanied by letter of recommendation for the chief of clinical service under whom the applicant is serving /learning.
- 5) Two life members of SGEI must introduce the applicant; at least one of who should have personal knowledge of the applicant's knowledge and skills.
- 6) If an applicant can't find introduction by a second society member, a letter of recommendation from chief of the service who is aware of the applicant's endoscopic skills may be submitted.
- 7) A letter from the applicant's instructor in endoscopy is required in the event the instructor is not one of the introducers of the applicant.
- 8) Payment can be made by A/c payee cheque / Demand draft / online transfer, in favor of "Society of Gastrointestinal Endoscopy of India" payable at Hyderabad.
- 9) The fee is as follows:

a. For life membership	₹ 5050/-.
b. For NRI / Foreign life members (Non-SAARC)	US \$500.
c. For SAARC resident's life member	₹ 8050/-.
d. For corporate membership	₹ 50,000/- (annual) or ₹2,00,000/- (life membership)
e. For associate membership	₹ 500/- (annually).
- 10) If paid through net banking, please share screenshot or any proof of online payment.
- 11) Send completed application forms supported by appropriate documents to: Secretary SGEI, at the address given above or scan and send to sgei.secy@gmail.com.
- 12) Account Details
  - a) Bank Name: Axis Bank
  - b) Account Number: 918010090061700
  - c) Name: Society of Gastro Intestinal Endoscopy of India
  - d) IFSCode: UTIB0000008

1. Applicant's Name in full .....
2. Date and place of birth .....
3. Office address/City/State/PIN .....
- .....
4. Residential address/City/State/PIN .....
- .....
5. Phone - Mobile / Land line .....
6. Email address .....
7. Details of payment (Payable to society of GI Endoscopy of India at HYD)  
 DD/Cheque No/Online Reference No ..... Amount ..... Dated .....

8. Education	Institution	Degree	Date
Graduation (MBBS)	.....	.....	.....
Post-Graduation (MD, MS)	.....	.....	.....
Super Specialization (DM, MCH)	.....	.....	.....

9. Training	Institution	Chief	Date
Internship	.....	.....	.....
Residency	.....	.....	.....
Senior Residency	.....	.....	.....

10. Medical Registration (please enclose a copy)  
 State ..... Registration No. .... Date .....

11. Endoscopy	Trainer	Date
Training Program	.....	.....
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**12. Academic appointments**

**Appointments**

**Institution**

**Dates**

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**13. Hospital Appointments**

**Appointments**

**Institution**

**Dates**

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**14. Membership of Scientific Societies**

**Name of the Society**

**Dates**

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**15. Any other information supporting application**

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**First Reference**

Name .....

Address .....

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Applicants Endoscopic Instructor - Yes / No

Life Member of SGEI Yes / No

Signature ..... Date .....

**Second Reference**

Name .....

Address .....

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Applicants Endoscopic Instructor-Yes / No

Life Member of SGEI Yes / No

Signature ..... Date .....

**Checklist (for completed application form)**

- 1. Duly filled form with signature
- 2. Copy of Postgraduate Certificate
- 3. Copy of Medical Registration
- 4. Demand Draft/cheque/online payment proof
- 5. Two Photographs (one pasted)

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**OFFICE USE ONLY**

Application No. ....Date received: ..... Sign. ....

Draft No. ....Dated ..... Amount .....

Accepted as Life Member / Honorary Member on .....

Membership Number ..... Signature of Secretary .....

Reasons if Rejected .....

Signature of Committee Members .....

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