



SKIN ALLERGY & RESEARCH SOCIETY

Dr. A. K. Bajaj
(President)

Dr. Kiran Godse
(Secretary)

Dr. Vijay Zawar
(Treasurer)

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

Home

Office

(Include STD Code) - _____

Fax _____

Telex (cable) _____

Pager No./Mobile _____

Email _____

6. Education:

Qualification

University

Year of Passing

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