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**LIFE MEMBERSHIP FORM**

Photo

Name: \_\_\_\_\_ Age \_\_\_\_\_

E\_mail ID- \_\_\_\_\_ Mobile No. \_\_\_\_\_

Address (Residence):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Office: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Qualification in Surgery &amp; University: \_\_\_\_\_

Name of Institute: \_\_\_\_\_

Interest in Colorectal Surgery (Number of Years): \_\_\_\_\_

Publications & Presentations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed by Name: \_\_\_\_\_ Sign \_\_\_\_\_

Secondary of Name: \_\_\_\_\_ Sign \_\_\_\_\_

**Membership Fees: 5000/-**

Members Signature :- \_\_\_\_\_ Date: \_\_\_\_\_

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The form & D.D. please send to "Dr. L. D. Ladukar, Ladukar Surgical Hospital, Nagpur Road, Bramhapuri, Distt- Chandrapur – 441206" Branch Name : Central Bank of India, Bramhapuri Account No.: 3214676463, IFSC code – CBINO283914, MICR Code- 442016507