



Indian Association of Surgical Gastroenterology

[A Section of the Association of Surgeons of India (ASI)]



Application for hosting IASG Mid term CME / Clinics

Name: _____

IASG Membership No: _____

Place: _____

Year: _____

Month: _____

Theme of the CME (Tentative): _____

Declaration

I, Dr. _____, declare that I take full responsibility of raising enough finances and conduct the CME / Clinics under the auspices of Indian Association of Surgical Gastroenterology, as per the IASG constitution and guidelines.

Tick which ever is appropriate

I am fully aware that IASG will not have any financial commitment towards the activity. I agree to submit the report to Secretary, IASG within one month after completing the event.

I need financial assistance (**applicable only for Mid term CME**) for Rs _____, I have gone through the eligibility criteria and will abide by the terms and conditions laid down by IASG.

Signature:

Date:

Name:

Place:

Designation:

Send filled and scanned copy of application to the Secretary mail so as to reach before the last date

E mail: iasgsecy@gmail.com

Send the hard copy of the filled in application by post to the IASG Secretariat.

The address of the IASG Secretariat is available at iasgindia.com → About → Contact IASG.