

**TAMILNADU SURGICAL GASTROENTEROLOGY ALUMNI ASSOCIATION (TNSGEAA)**

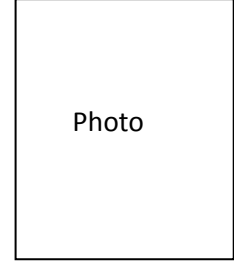
**Application for Membership**

**Name:**

**Age:**

**Sex:**

**Address for correspondence:**



**Phone no.:**

**Email id:**

**M.Ch/DNB (SGE):**

**Institution:**

**Year of passing:**

**Present position:**

I state that above facts are true and I undertake to abide by the rules and regulations of the TNSGEAA

**Date:**

**Signature**

**Please send the application to:**

Prof Naganath Babu M.Ch., FRCS, secretary, TNSGEAA, 34, karaneeswarar koil street, saidapet, Chennai 600015. Mobile: +919381007574.

Life membership subscription is Rs 5000

Mode of Payment- Only NEFT.

**For NEFT Transfer:** Bank name: syndicate bank, Account name: TNSGEAA,

Account number: 60282010081730, IFSC: SYNB0006028, Branch:Anna Nagar west, Chennai – 40.