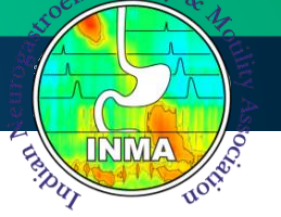


# Application Form for Membership



Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Degree: \_\_\_\_\_ Current position: \_\_\_\_\_

Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip code: \_\_\_\_\_

Passport Number (If Nationality is not Indian): \_\_\_\_\_

Whatsapp Contact number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

*\*Accommodation is available on first come first serve basis*

Accommodation requested\*: Yes/No \_\_\_\_\_

Please send the form details to [inmacongress2023@gmail.com](mailto:inmacongress2023@gmail.com)

OR

Please post the form

Dr.Nitesh Pratap

Department of Gastroenterology

Room No 28, 3<sup>rd</sup> Block; 3<sup>rd</sup> Floor,

KIMS Hospitals, Minister Road, Secunderabad

500003, Telangana, India

