

## IAGES Corporate Membership Application Form

<b>1</b>	<b>Name of the Corporate/ Industry applying for Corporate membership</b>			
<b>2</b>	<b>Permanent address:</b>		<b>Street Name:</b>	
	Locality		City	
	State		Pin code:	
<b>3</b>	<b>Corresponding address:</b>	<b>Same as above / different</b>		
			Street Name:	
	Locality		City	
	State		Pin code:	
	E mail id		Phone No	
<b>4</b>	<b>Contact Persons details</b>	<b>Name</b>	<b>Phone no.</b>	<b>Email id:</b>
	1			
	2			
	3			
<b>5</b>	<b>Copy of corporate reg.Cert.</b>	No:	Upload (jpeg /pdf )	
<b>6</b>	<b>Copy of GST certificate</b>	No:	Upload (jpeg /pdf )	
<b>7</b>	<b>Copy of PAN Card</b>	No:	Upload (jpeg /pdf )	
<b>8</b>	<b>Payment details for corporate membership for Rs.1,00,000=00 ( One hundred thousand)</b>  <b>Indian Association of Gastro-Intestinal Endo Surgeons</b>  Union Bank of India,Agripada Branch  IFSC :UBIN 0531545  MICR CODE:400026046		Upload (jpeg /pdf )	

	Account No :315401010050525	
9	<i>This is to declare that we have understood all the details and benefit of becoming the IAGES Corporate member and agree to abide by the requirements set by the IAGES executive council. We will not have any voting rights in the association matters.</i>	
	<i>Sign:</i>	<i>Date:</i>