



**AESTHETIC SOCIETY OF
NORTH EAST INDIA**

Membership Form

Name: _____

Specialty:

Plastic Surgeon E.N.T Dermatologist Bariatric Surgeon.

Address for Correspondence: _____

Mobile No: _____

Email id: _____

Cash/ Cheque/ Demand Draft to be made in favour of “Aesthetic Society of North East India” payable at Guwahati.

D.D No: _____ **Rs.** _____

Bank: _____ **Dated:** _____

Registration Fee:

Life Member Rs. 3000/-

Associate Member

(Including PG student) Rs. 1000/-

This form with Cash/ Cheque/ Demand Draft should be sent to the Secretariat.

Secretariat:-

“Aesthetic Society of North East India”

Swagat Endolaparoscopic Surgical Research Institute

A.T. Road, Shantipur, Guwahati -781009, Assam.

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