



INDIAN CHAPTER OF INTERNATIONAL HEPATO PANCREATO BILIARY SURGERY MEMBERSHIP FORM

Name : Mr./Ms./Dr./Prof. _____

(First Name)

(Surname)

Designation: _____

a) Official address: _____

City: _____ Pin Code: _____

Tel : _____ Fax : _____

Email: _____

b) Residential address: _____

City: _____ Pin Code: _____

Tel : _____ Fax : _____

c) Address for Communication: a) OR b)

Field of Specialization :
(can be more than one)

Surgeon

Gastro-enterologist

Endoscopic surgeon

Radiologist

Laparoscopic Surgeon

Others

Field of Interest :
(can be more than one)

Hepatology

Pancreas

Biliary Tract

I want to be a life member of the Indian Chapter of the International Hepato Pancreato Biliary Association

I am enclosing a DD for Rs.5,000/- drawn on _____ dtd: _____ payable to
"Indian Chapter of the IHPBA" at Vellore.

Signature

Address for Communication:

Dr. V. Sitaram
Secretary
Indian Chapter of IHPBA
Department of Hepatic Pancreatic & Biliary (HPB) Surgery
Christian Medical College
Vellore 632 001
Email: hpb@cmcvellore.ac.in