

# GERIATRIC SOCIETY OF INDIA®

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Visit us at: <https://www.geriatricindia.in>

## MEMBERSHIP FORM

I wish to join Geriatric Society of India as Life / Ordinary member and promise to abide by its rules and regulations

Full Name (block letters)..... Age.....M/F...

Qualification (with year & university).....

Residential Address.....

..... Tel. :.....

Office Address with designation .....

..... Tel. :.....

Email .....

Category of Membership (Please tick one):    Specialist   /   Family Physician   /   Non Medical (above 60 years only)

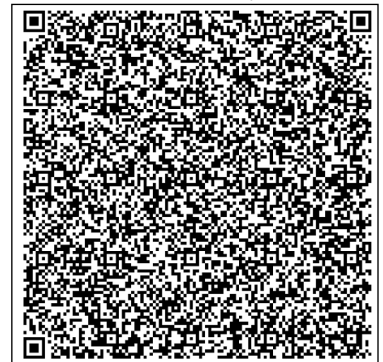
### Life Membership fee

- |                           |              |
|---------------------------|--------------|
| 1. National Individual    | Rs. 8,000/-  |
| 2. National Institutional | Rs. 15,000/- |
| 3. Overseas Individual    | USD 250      |

### Associate Membership Fees (Without voting right)

- |                             |             |
|-----------------------------|-------------|
| 1. AYUSH                    | Rs. 5,000/- |
| 2. Nurses / Physiotherapist | Rs. 4,000/- |

Scan & Pay



Bank Details :- Account Name - Geriatric Society of India, Account No. 408260693  
IFSC Code - IDIB000H019, Account Type - Savings  
Pay by UPI ID - 9560042237@indianbnk

### Proposed by

Name .....

Address .....

Membership No

### Seconded by

Name .....

Address .....

Membership No.

**Note:** In the absence of availability of proposer and seconded please send the following:

1. A photocopy of Degree
2. Photocopy of registration by relevant Medical Council
3. In case of non-medical member proposer and seconded are essential.

For Official Use

Membership No.

Signature of Honorary Secretary