

Membership Number: ……………………

Receipt No: …………………………………………………

Elected as full /associate  member in GBM Held at …………………………………………………………..

On…………………...................................................

Secretary………………………………………………………

For official use only:

FRCSI Membership Application

To apply for membership please complete all questions in **Capital Letters.**

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| --- | --- | --- | --- | --- |
| **NAME** | |  | | |
| **…………………………………………………...** | | **………………...................................** | | **….…………………..................** |
| First Name | | Middle Name | | Last Name |
| **AGE …………………………** | **SEX …………………….** | | **DESIGNATION ………………………………………………………** | |

**QUALIFICATIONS ……………………………………………………………………………………………………………………………**

**PROFESSIONAL AFFILIATIONS …………………………………………………………………………………………………………..**

**APPLYING FOR MEMBERSHIP : 1. FULL**  **2. ASSOCIATE**  *3.* **CORPORATE** 

**CONTACT DETAILS**

**………………………………………………………………………**

Phone No

**………………………………………………………………………**

Mobile No

**………………………………………………………………………**

WhatsApp No

**………………………………………………………………………**

Email Id

**PERMANENT ADDRESS**

**……………………………………………………………………….**

Street Address

**……………………………… …………………………………..**

City State/ Province

**……………………………… ……………………………………**

Postal/Zip Code Country

**WORK ADDRESS**

**……………………………………………………………………….**

Street Address

**……………………………… …………………………………..**

City State/ Province

**……………………………… …………………………………..**

Postal/Zip Code Country

# OPERATION

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| --- | --- | --- | --- | --- |
| **OPERATION** | **NUMBER OF**  **CASES** | **OBSERVED** | **ASSISTED** | **PERFORMED** |
| RHINOPLASTY |  |  |  |  |
| OTOPLASTY |  |  |  |  |
| FACE LIFT |  |  |  |  |
| FOREHEAD LIFT |  |  |  |  |
| BLEPHAROPLASTY |  |  |  |  |
| FACIAL NEOPLASTIC/MALIGNANCY RESECTION AND RECONSTRUCTION |  |  |  |  |
| NASAL RECONSTRUCTION |  |  |  |  |
| CONGENITAL ANOMALY CRANIOFACIAL SURGERY |  |  |  |  |
| CUTANEOUS LASER PROCEDURES |  |  |  |  |
| NON-SURGICAL REJUVENATION PROCEDURES |  |  |  |  |
| OTHER (PLEASE STATE) |  |  |  |  |
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N*ote: This operation procedure is not compulsory, as it is used to see the progression of a member in this field*

***CHECKLIST***

1. *Membership form filled completely, in Capital letter* 
2. *Photograph (2 copies) (jpeg)* 
3. *Bachelor Degree (photocopy/pdf)* 
4. *Master Degree (photocopy/pdf)* 
5. *MCI/State Council Registration (photocopy/pdf)* 
6. *Photo ID (Aadhar/ Driving License/ Voter ID / Passport) (photocopy/Pdf)* 
7. *DD/Cheque/Online payment transaction detail slip* 
8. *Curriculum Vitae(CV)* 

**PAYMENT DETAILS - CASH/DD/CHEQUE/ONLINE**

* *DD/Cheque/Online Transaction number ………………………………………*
* *Date …………………………………………….*
* *Name of Bank ……………………………………………………………….*

***I declare that information given is true to best of my knowledge.***

*Signature: ………………………………………………. Date: ……………………………………………………….*

**PROPOSED BY:**

*1.Life member No. 1 − Name: ………………………………………… Membership No: ………………………*

*2.Life member No. 2 − Name: ………………………………………. Membership No: ………………………*

**BANK ACCOUNT DETAILS FOR TRANSFER**

**NATIONAL ENT HNS ADVANCEMENT TRUST**

*Account number: 144301011004694 Vijaya Bank, Kengeri Branch, Bangalore-60 Ifsc code VIJB0001443*

**SEND TO:**

* *Dr Prateek Sharma − +91 9968719695 (WhatsApp)*
* *Email −* [*admin@frcsit.org,*](mailto:admin@frcsit.org) [*secretary@frcsit.org*](mailto:secretary@frcsit.org) *or* [*drprateeksharma.mamc@gmail.com*](mailto:drprateeksharma.mamc@gmail.com)

## PARTICULARS ON MEMBERSHIP (PLEASE DON’T PRINT THIS PAGE)

*COVID DISCOUNT TILL DEC 2020!!!!!*

*( FULL MEMBER FEES:* ***7*** *6000, RENEWAL FEES* ***7*** *4000, ASSOCIATE MEMBER FEES* ***7*** *1000, CORPORATE FEES* ***7*** *8000)*

# FRCSI FULL Membership Fee

Full Member - **₹ 7,000/-** (MS-ENT, Head and Neck Surgery with fellowship/training in Facial Plastic Surgery/Aesthetics). Annual renewal fees of **₹ 5000** is mandatory to maintain the privileges and needs to be paid by March 31st every year. 5 years combined renewal fee can be paid to avail further 10% discount.

#### Benefits of full membership:

Certificate with IFFPSS logo, 10% discount for FRCSI courses with fee more than 3 10,000, use of information leaflet and informed consent approved by FRCSI, separate area for accessing recorded webinar, guidelines, protocol and other study materials, along with fellowship and observer ship guidance, mentoring support, surgical group support, information about IFFPSS, EAFPS, ABFPRS conducted courses, eligibility to take IBCFPRS examination. The members also get

1. Exclusive access to case files and surgical procedure videos/teaching resources in facial plastic and reconstructive surgery.
2. Promotion of further training opportunities to members with established facial plastic surgeon in India and abroad in the various domains of facial plastic surgery.
3. Member discounts for subscription to paid journals or group access to journals in facial cosmetic surgery.
4. Webinars and updates to knowledge on regular basis for all members registered.
5. Future Board Certification and accreditation activities for members enrolled with the trust.
6. Dedicated Website will be developed for intercommunication between members and established facial plastic surgeons and as a portal for all facial cosmetic surgery solutions.
7. PS: Please submit yearly audit of your FPS treatment along with renewal fee for IFFPSS.

***FRCSI Associate members FEE*** *−* ***72,000/-***

*(Any medical specialty and medical students with interest in FPS) Renewable every 5 years.*

***Benefits****:*

*Certificate with FRCSI Logo, Access to newsletter, guidelines, information about conferences and CMEs, 10% discount while attending CMEs and conferences, mentoring support, Webinars and updates to knowledge on regular basis for all members registered. Member discounts for subscription to paid journals or group access to journals in facial cosmetic surgery.*

***FRCSI Honarary Member-*** *Granted by the council*

## FRCSI Corporate Member - 7 10,000/Year

### (Provides excellent opportunities of B2B & B2C activities with FRCSI and affiliated organization)

Please email for more information [*secretary@frcsit.org*](mailto:secretary@frcsit.org) *&* [*admin@frscsit.org*](mailto:admin@frscsit.org)

***NOTE****: The members are expected to uphold the tenets of FRCSI objectives and byelaws and anybody deviating from this or working against the association, as decided by the council shall be removed from the Membership*

**LOGSHEET** ( to be submitted when renewal)

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| OTOPLASTY |  |  |  |  |
| FACE LIFT |  |  |  |  |
| FOREHEAD LIFT |  |  |  |  |
| BLEPHAROPLASTY |  |  |  |  |
| FACIAL NEOPLASTIC/MALIG |  |  |  |  |
| NASAL RECONSTRUCTION |  |  |  |  |
| CONGENITAL ANOMALY CRANIOFACIAL SURGERY |  |  |  |  |
| CUTANEOUS LASER |  |  |  |  |
| NON-SURGICAL REJUVENATION |  |  |  |  |
| OTHER (PLEASE STATE) |  |  |  |  |
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