



# NEUROLOGICAL SURGEONS' SOCIETY OF INDIA (NSSI)

## APPLICATION FOR MEMBERSHIP

*(Please use Capital Letters only)*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

Current Address \_\_\_\_\_

Pin Code \_\_\_\_\_ Your Email \_\_\_\_\_

Ph No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Qualification and Institute (Where Degree/Diploma) \_\_\_\_\_

Appointments, Post and Experience \_\_\_\_\_

Other interest \_\_\_\_\_

Membership\*  Temporary  Life

### Membership Fees:

\*Note: • Temporary Member Rs. 3000/- • Life Member Rs. 16000/-

### Payment Information:

Account Name : NSSICON2018

A/C No. : 50350734202

IFSC Code : ALLA0211028

Bank Address : Allahabad Bank, KGMU, Lucknow

PAN : AABAN4570G