MEMBERSHIP FORM
INDIAN SOCIETY OF NEUROANAESTHESIOLOGY AND CRITICAL CARE
(ISNACC)

MEMBERSHIP CATEGORY: LIFE MEMBER / ASSOCIATED MEMBER / ALLIED MEMBER

PERSONNEL DETAILS:
First Name.......................................... Middle.................... Last Name..................................
Designation and Work place ........................................................................................................
Date of Birth: Day. Month Year

ADDRESS FOR CORRESPONDENCE:
..........................................................................................................................................................
City: State: PIN: Country: ..............

Email ID: Mobile No:

PERMANENT ADDRESS:
..........................................................................................................................................................
City: State: PIN: Country: ..............

Qualification: ........................................................................

Proposed By: ........................................... (Name) (Membership No ) (Signature)

Seconded by: ................. (Name) (Membership No ) (Signature)

Payment Details: NEFT/IMPS/Cash / DD / Cheque No: Date:

Amount Rs. Drawn On (Name of the Bank):

Date: (Signature of the applicant)
Receipt Number: ..................................................... Date: ....................... Amount ` ....................
Membership (Confirmed / Rejected): ....................Membership No: ...........................................

**Membership Fees**

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIFE MEMBER/ASSOCIATE MEMBER</td>
<td>Rs 6000 (Rupees Six thousand only)</td>
</tr>
<tr>
<td>ALLIED MEMBER(Nursing Practitioner/ICU or OT Technologist/Clinical Pharmacist/Paramedic/Research Scientist)</td>
<td>Rs 3000 (Rupees Three Thousand only)</td>
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</tbody>
</table>

- Cash/DD/At par Cheque to be drawn in favour of ‘Indian Society of Neuroanaesthesiology and Critical Care’ Payable at SBI, JIPMER, PUDUCHERRY
- **NETF/IMPS/Google Pay**
  - State Bank of India, JIPMER Branch, Puducherry
  - Name of the Account: Indian Society of Neuroanaesthesiology and Critical Care
  - Account No: 00000032266570538
  - IFSC: SBIN0002238

( Please mention your Name in Reference )