**MEMBERSHIP FORM**

ISNACC

**MEMBERSHIP CATEGORY:** *LIFE MEMBER ASSOCIATE LIFE MEMBER*

*INTERNATIONAL LIFE MEMBER* *ALLIED MEMBER*  **PERSONNEL DETAILS**:

 Passport Photo

First Name:

nghSingh

Middle Name: Last Name:

Date of Birth: Day: Month: Year:

Qualification:

Designation:

Work Place:

yaninder Pal Singh

**ADDRESS FOR CORRESPONDENCE**:

City: State: PIN: Country:

Email ID: Mobile No:

**PERMANENT ADDRESS**:

City: State: PIN: Country:

**Proposed by**:

(Name) (Membership No.) (Signature)

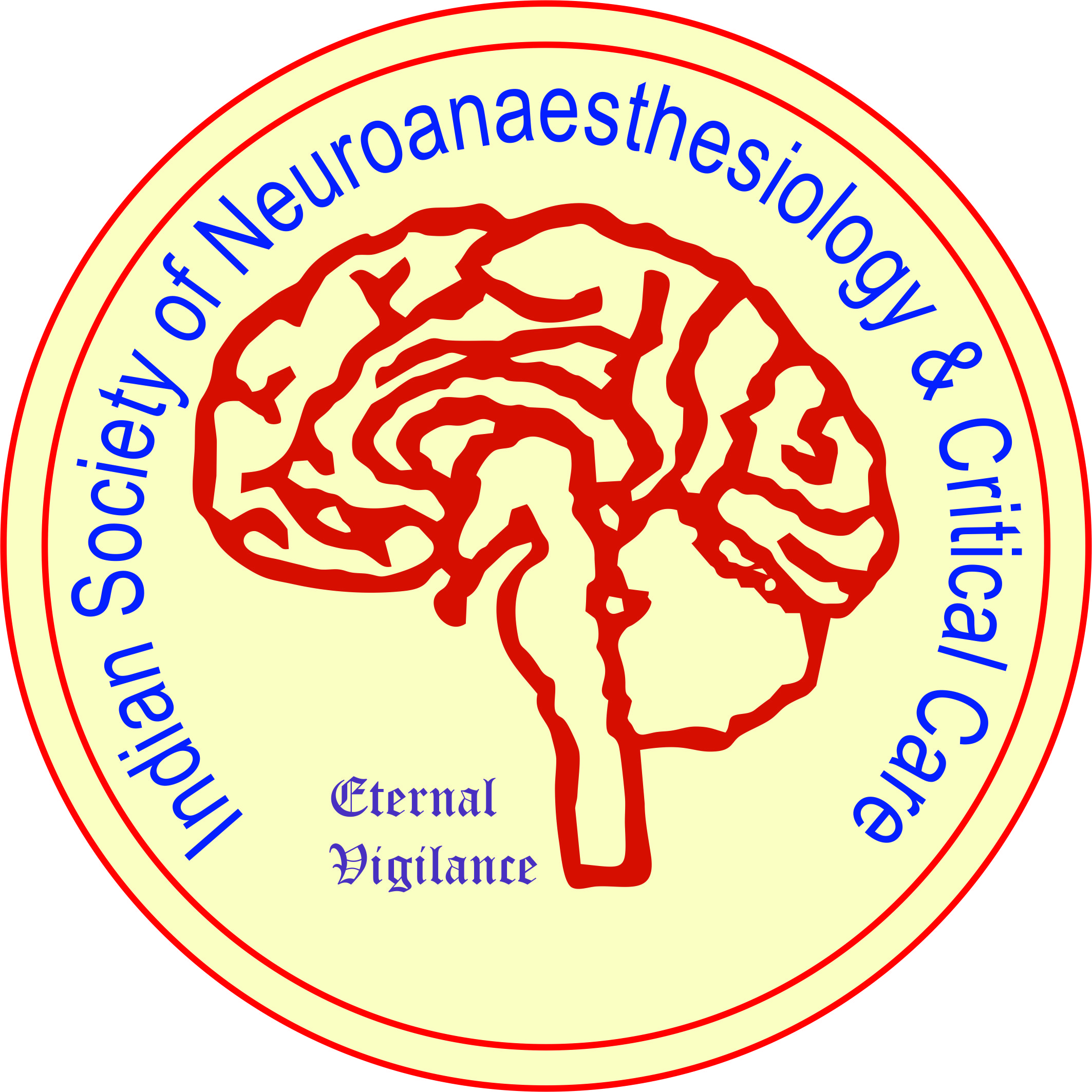
**Seconded by**:

(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)**

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***For Office Use***

Receipt Number: Date: Amount:

Membership **(Confirmed / Rejected):**  Membership No:

ISNACC

**Date:**

**Signature**

**Membership Fees**

|  |  |
| --- | --- |
| **LIFE MEMBER:** Neuroanaesthesiologists, Neuro-Intensivists  **ASSOCIATE LIFE MEMBER:** Neurosurgeons, Neurologists, Neuropathologists, Intensivists, Neuropathologists, Neuromicrobiologists, Neurobiochemists, Neuroscientists, Neuropsychologists etc.  **INTERNATIONAL LIFE MEMBERS:** Physicians of Foreign origin | **Rs. 8000/- (Rupees Eight thousand only)**  **200 USD (For Foreign Nationals)** |
| **ALLIED MEMBER:** Neuro-Nurses, Neuro-Physiotherapists, and Neuro-Technicians | **Rs. 3000 (Rupees Three Thousand only)**  **75 USD (For Foreign Nationals)** |
| **Mode of Payment**   * **Cash/ DD/ At par Cheque to be drawn in favour of   ‘Indian Society of Neuroanaesthesiology and Critical Care’** Payable at **SBI, Ansari Nagar, New Delhi** * **NETF/ IMPS/ Google Pay :**   **Bank: State Bank of India (SBI)** Branch: **Ansari Nagar, New Delhi** Name of the Account:  **Indian Society of Neuroanaesthesiology and Critical Care** Account No: **32266570538** IFSC: **SBIN0001536** MICR: **110002005**    ***(Note: Please mention the details of Payment in the Application form)*** | |