



# ISNACC

Indian Society of Neuroanaesthesiology and Critical Care

## ISNACC Membership Update Form

Life Membership No.

\* Name:

\* Email ID:

\* Mobile No:

Work Place:

Address for Correspondence:

City:  State:  PIN:

Permanent Address:

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\* *Mandatory Fields*

Kindly e-mail the completed form to ISNACC Secretariat at:

[isnaccsecretary@gmail.com](mailto:isnaccsecretary@gmail.com) OR [info@isnacc.org](mailto:info@isnacc.org)

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### ISNACC SECRETARIAT

Department of Neuroanesthesiology & Critical Care  
Neurosciences Centre, 6<sup>th</sup> Floor/ Room No. 9

All India Institute of Medical Sciences, Ansari Nagar, New Delhi- 110029 (India)

Tel. No. +91-11-26593793; Mobile: +91 9810602272; Email: [info@isnacc.org](mailto:info@isnacc.org); [isnaccsecretary@gmail.com](mailto:isnaccsecretary@gmail.com)

Website: [www.isnacc.org](http://www.isnacc.org)