

NEUROTRAUMA SOCIETY OF INDIA

www.ntsai.in



MEMBERSHIP FORM LIFE MEMBER / ASSOCIATE MEMBER

Passport Size
Photograph

Personnel Details

First Name Middle Last Name

Date of Birth: Day Month Year

Anniversary: Day Month Year

Email ID 1: E mail ID 2:

Mobile Number: +91 Land Line: +91 City Code: Number :

Mobile Number: +91 Land Line: +91 City Code: Number :

Address For Correspondence

Line 1 :

Line 2 :

City: State: PIN Code: Country:

Permanent Address: Or Same as above

Line 1:

Line 2:

City: State: PIN Code: Country:

Qualification (Attach Certificate) Tick Mark : MBBS MS M.Ch.

Others (Specify) :

** Payment Details:

Cheque / Draft No: Date:..... For Rs.:

Drawn On (Name of The Bank) :

SIGNATURES

OFFICE USE

Receipt Number: Amount: Date:

Presented to EC On:

Membership Confirmed / Rejected: Membership No:

Secretary NTSI

* Submit your CV-Colored photo in JPEG format-Qualifying exam certificate by email to: ntsisecretary@gmail.com

** **(Membership Fees:** Life Membership - Rs. 3300=00 ; Associate Members: Rs.1200=00 for 3 years — DD/cheque to be drawn in favour of **NEUROTRAUMA SOCIETY OF INDIA** Payable at city of residence of Treasurer NTSI.