



NEURO SPINAL SURGEONS' ASSOCIATION, INDIA

Life Membership Form

Name : _____
Date of Birth : _____ Sex : _____
Designation : _____
Hospital Name : _____

Permanent Address : _____

Correspondence Address : _____

Contact No. : _____ Mob : _____

Email : _____

Payment Details

Cheque/Draft No. _____ Date : _____ For Rs. _____ Drawn on (Name of the bank) _____ being

(i) Full Membership

Neuro Surgeons (Rs.5,000/-)

Non-Neuro Surgeons (No Voting Rights) (Rs.5,000/-)

(ii) Temporary Members (For 1 year) (Rs.1,000/-) **Signature**

RTGS Details: Bank A/c Name : Neuro Spinal Surgeons Association
Bank A/c No. : S.B. A/c 62121263371
Bank Name : State Bank of India
Bank Branch : Sion, Mumbai
IFSC Code : SBIN0020313

Membership form alongwith RTGS receipt should be sent by email to drpsramani@gmail.com

FOR OFFICE USE

Receipt Number Amount. Date

Membership Confirmed / Rejected Membership No.....

Information send to Applicant date by Post/Email