



NEURO SPINAL SURGEON'S ASSOCIATION, INDIA

Life Membership Form

Name : _____

Date of Birth : _____ Sex: _____

Designation : _____

Hospital Name : _____

Permanent Address : _____

Contact No : _____ Mobile: _____

Email : _____

Payment Details

Cheque/Draft/NEFT: _____ Date: _____ For Rs. _____ Drawn on
(Name of the bank) _____ being

- | | | |
|---|--------------|--------------------------|
| (i) Full Membership
- Neuro Surgeons | (Rs.5,000/-) | <input type="checkbox"/> |
| (ii) Non - Neuro Surgeons(No Voting Rights) | | |
| 1.Orthopaedicians | (Rs.5,000/-) | <input type="checkbox"/> |
| 2.Anaesthesiologist | (Rs.5,000/-) | <input type="checkbox"/> |
| 3.Neurophysiologist | (Rs.5,000/-) | <input type="checkbox"/> |
| (iii) Neuro Nurses/Allied Neuro Associates/Physiotherapists | (Rs.2,500/-) | <input type="checkbox"/> |
| (iv) Temporary Member (For 1 year),Post Graduates | (Rs.2,500/-) | <input type="checkbox"/> |

Signature _____

Send your Cheque / DD in favour of " Neuro Spinal Surgeons Association" payable at
Mumbai and send it to

Dr.Shradha Maheshwari
1616/2B, Raheja Classique Chs
Andheri Link Road,
Near Infinity Mall
Andheri West, Mumbai-400053
Email: officialnssa@gmail.com
Phone number: +91 9892686274

FOR NEFT / Net Banking/Bank Details:
Account Name : Neuro Spinal Surgeons
Association
Account No : 62121263371
Bank Name : State Bank of India
Branch : Sion, Mumbai
IFSC Code : SBIN0020313

FOR OFFICE USE

Receipt Number _____ Amount _____ Date _____

Membership Confirmed/Rejected _____ Membership No _____

Information sent to Applicant/date by Post/ Email-_____