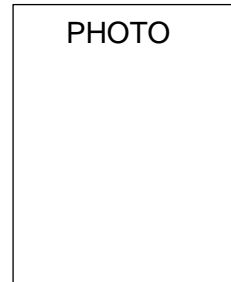


# NEUROTRAUMA SOCIETY OF INDIA

## ALLIED MEMBERSHIP FORM

PHOTO



### PERSONAL DETAILS

FIRST NAME: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

DESIGNATION and WORK PLACE: \_\_\_\_\_

EMAIL ID: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_

LANDLINE +91 CITY CODE NUMBER: \_\_\_\_\_

### ADDRESS FOR CORRESPONDENCE

LINE1: \_\_\_\_\_

\_\_\_\_\_

LINE 2: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PINCODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

### QUALIFICATION ( ATTACH CERTIFICATE)

TICK: (MBBS/ MS/ MD/ MCH/ DM)

PAYMENT BY BANK TRANSFER TO:

<b>AXIS BANK</b>	<b>IFSC CODE:</b> UTIB0000055 <b>MICR CODE:</b> <b>BRANCH CODE:</b> 055 <b>A/C NAME:</b> NEUROTRAUMA SOCIETY OF INDIA <b>A/C NO:</b> 920020045274395	<b>BRANCH ADDRESS:</b> C-58, GF, PREET VIHAR, MAIN VIKAS MARG, DELHI-110092
------------------	--	--

TRANSACTION ID:

All documents should be submitted electronically to

[Secretaryntsi1@gmail.com](mailto:Secretaryntsi1@gmail.com)

- **Colour photograph in jpeg format.**
- **Curriculum vitae.**
- **Scanned copy of qualification certificates.**
- **Scanned copy of signed membership application.**

---

**SIGNATURE**

OFFICE USE:

RECEIPT NUMBER: \_\_\_\_\_

AMOUNT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRESENTED TO EC ON: \_\_\_\_\_

MEMBERSHIP CONFIRMED/ REJECTED ON: \_\_\_\_\_

**ALLIED MEMBER**

**Eligibility:** All professionals working in the field of neurotrauma including nurses, trauma technicians, physiotherapists, occupational therapists.

**Procedure for application:** The member shall be proposed by the senior medical faculty member with whom he / she works, provided the proposer is a member of the NTSI.

**Fees:** Life membership: Rs. 2,500

**Privileges:** Participation in all activities of the Society and access to the electronic version of the Indian Journal of Neurotrauma. They shall not have voting rights in the NTSI.

