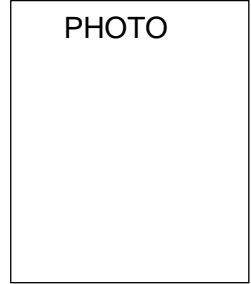


NEUROTRAUMA SOCIETY OF INDIA

ASSOCIATE 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

LINE 1: _____

LINE 2: _____

CITY: _____ STATE: _____

PINCODE: _____ COUNTRY: _____

QUALIFICATION (ATTACH CERTIFICATE)

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

PAYMENT BY BANK TRANSFER TO:

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

TRANSACTION ID:

All documents should be submitted electronically to

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: _____

ASSOCIATE MEMBER

Eligibility: All medical professionals in training who have an interest in Neurotrauma.

Procedure for application: Application for associate membership should be made to the Secretary, NTSI, and the Executive Committee shall be the authority to admit a member.

Fees: Total: Rs. 2000 (Rs. 500 admission and an annual subscription of Rs. 500 x 3)
Conversion of associate membership into life membership: Rs.2,500 (Rs. 500 joining fee and Rs. 2,000 life membership fee)

Privileges: Associate members can take part in all the activities of the Society including presentation of papers at scientific meetings and participation in discussions. They shall have all the privileges of membership, except that they shall not have the right to vote or be office-bearer the Society.