



ISNACC

Indian Society of Neuroanaesthesiology and Critical Care

MEMBERSHIP FORM

MEMBERSHIP CATEGORY: LIFE MEMBER ASSOCIATE MEMBER ALLIED MEMBER

PERSONNEL DETAILS:

First Name: _____

Middle Name: _____ Last Name: _____

Date of Birth: Day: _____ Month: _____ Year: _____

Qualification: _____

Designation: _____

Work Place: _____

PHOTO

ADDRESS FOR CORRESPONDENCE: _____

City: _____ State: _____ PIN: _____ Country: _____

Email ID: _____ Mobile No: _____

PERMANENT ADDRESS: _____

City: _____ State: _____ PIN: _____ Country: _____

Proposed by: _____
(Name) (Membership No) (Signature)

Seconded by: _____
(Name) (Membership No) (Signature)

Payment Details: NEFT/ IMPS/Cash/ DD/ Cheque No: _____ Date: _____

Amount Rs. _____ Drawn On (Name of the Bank): _____

Date: _____

(Signature of the applicant)

ISNACC SECRETARIAT

Department of Neuroanesthesiology & Critical Care
Room No. 711 (7th Floor); Neurosciences Centre

All India Institute of Medical Sciences, Ansari Nagar, New Delhi- 110029 (India)

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Website: www.isnacc.org



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For Office Use

Receipt Number: _____ Date: _____ Amount: _____

Membership (Confirmed / Rejected): _____ Membership No: _____

Date: _____

Signature

Membership Fees

LIFE MEMBER/ASSOCIATE MEMBER:	Rs. 6000 (Rupees Six thousand only)
ALLIED MEMBER (Nursing Practitioner/ICU or OT Technologist/Clinical Pharmacist/ Paramedic/Research Scientist)	Rs. 3000 (Rupees Three Thousand only)
<ul style="list-style-type: none">• Cash/ DD/ At par Cheque to be drawn in favour of 'Indian Society of Neuroanaesthesiology and Critical Care' Payable at SBI, JIPMER, PUDUCHERRY• NETF/ IMPS/ Google Pay : State Bank of India, JIPMER Branch, Puducherry Name of the Account: Indian Society of Neuroanaesthesiology and Critical Care Account No: 00000032266570538 IFSC: SBIN002238 <p>Note: Please mention your Name in Reference</p>	

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