



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:



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
Neurosciences Centre, 6th Floor/ Room No. 9

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, Ansari Nagar, New Delhi• NETF/ IMPS/ Google Pay : Bank: State Bank of India (SBI) Branch: Ansari Nagar, New Delhi Name of the Account: Indian Society of Neuroanaesthesiology and Critical Care Account No: 32266570538 IFSC: SBIN0001536 MICR: 110002005	
Note: Please mention your Name in Reference	

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