MEMBERSHIP FORM

A close up of a logo

Description automatically generated

Neurocritical Care Society of India

(NCSI)

Eagattur

**MEMBERSHIP CATEGORY:** LIFE MEMBER / ASSOCIATED MEMBER / ALLIED MEMBER

**Photo**

**PERSONNEL DETAILS:**

**First Name**.......................................... **Middle**.............................................

PHOTO

**Last Name**................................. …………………..

**Designation and Work place** .........................................................................................................

**Date of Birth:** Day……………………. Month ................ Year ..................

**ADDRESS FOR CORRESPONDENCE:** ....................................................................................................................................................**City:** .................................. **State:** ............................... **PIN:** .......................

**Country:** ................. **Email ID:** ...................................................………….

**Mobile No:** ..................................

**PERMANENT ADDRESS:** ...................................................................................................................................................**City:** ................................. **State:** ................................**PIN**:........................**Country**:...................

**Qualification:** ......................................................................

**Proposed By:** ............................... .............................................. ....................

**(Name) (Membership No ) (Signature)**

**Seconded by:** …........................................................................................ ………………………

**(Name) (Membership No ) (Signature)**

Date: (Signature of the applicant)

Payment Details:

NEFT/IMPS/Cash / DD / Cheque No: ...................................

( Please mention NCSI and your Name for reference )

Date: .............................. Amount Rs............................

Drawn On (Name of the Bank):........................................

*Office Use*

Receipt Number: ..................................................... Date: .......................

Amount ` .....................

Membership (Confirmed / Rejected):………………

Membership No:……………………………..

**Membership Fees**

Life Member: ₹6000

Associate Member ₹3000

Allied Member ₹2000

Cash/DD/NEFT /Google pay /IMPS/ At par Cheque to be drawn in favour of

Neurocritical care society of India- Eagattur

A/C No: 189205003877

IFSC Code: ICIC0001892

ICICI BANK

Branch: NRP St Branch, Pondicherry

( Please mention your Name in Reference )