



MEMBERSHIP FORM

Neurocritical Care Society of India (NCSI)

Egattur

MEMBERSHIP CATEGORY: LIFE MEMBER / ASSOCIATE MEMBER / ALLIED MEMBER

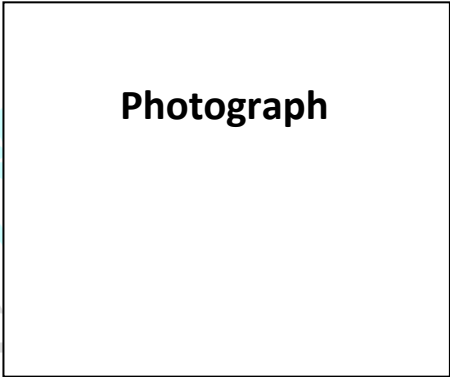
PERSONNEL DETAILS:

First Name.....

Middle..... **Last Name**.....

Designation & Work place.....

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



ADDRESS FOR CORRESPONDENCE:

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.....

City: **State:** **PIN:** **Country:**

Mobile No: **Email ID:**

PERMANENT ADDRESS:

.....
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City: **State:** **PIN:** **Country:**

Qualification: *Striving For Excellence*

Proposed By:

(Name) (Membership No.) (Signature)

Seconded by:

(Name) (Membership No.) (Signature)

Date: **(Signature of the applicant)**

NCSI SECRETARIAT

Department of Neuroanesthesiology & Neurocritical Care , Institute of Neurosciences and Spinal Disorders,
MGM Health Care Pvt. Ltd. New No 72, Old No 54, Nelson Manickam Road, Collectorate colony, Aminjikarai, Chennai -600 029. Tamil Nadu
Mobile: +91 8056022757 www.neurocriticalcare.in info@neurocriticalcare.in ncsisecretary@gmail.com

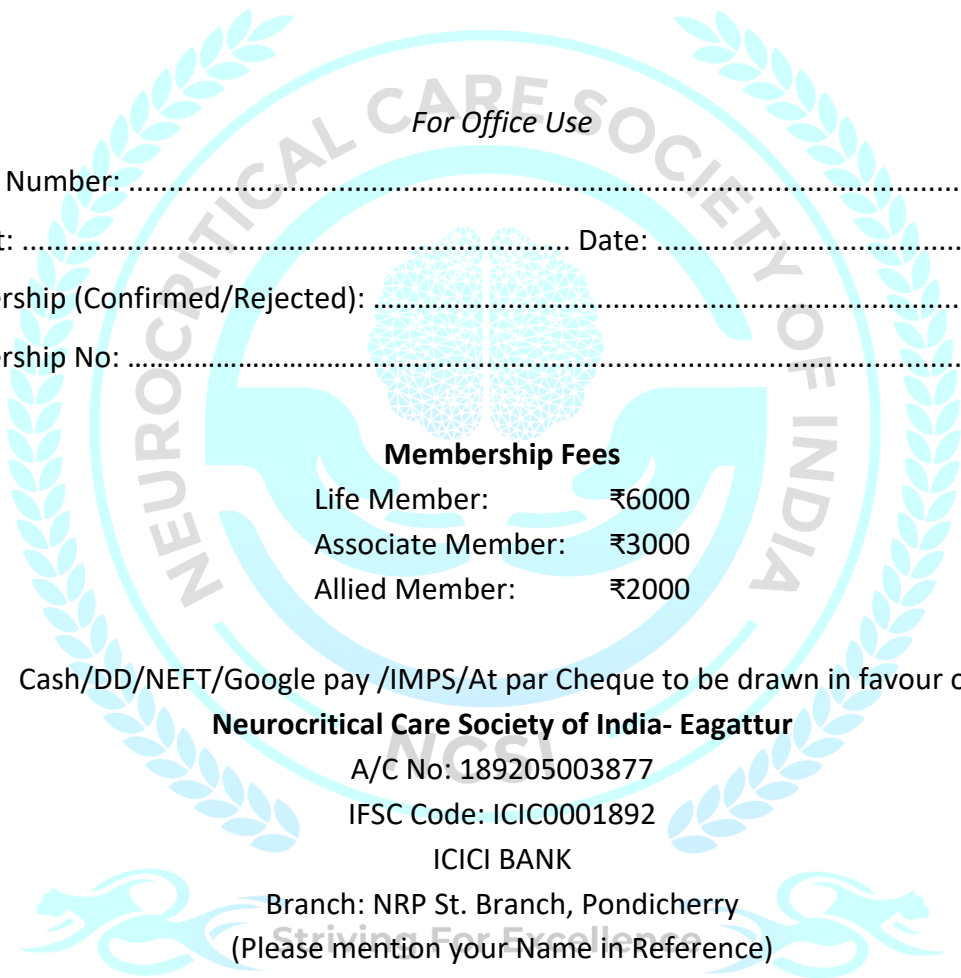
Payment Details:

NEFT/ IMPS/ Cash/ DD/ Cheque No:
(Please mention NCSI and your Name for reference)

Amount: Date:

Drawn On (Name of the Bank):

Receipt Number:
Amount: Date:
Membership (Confirmed/Rejected):
Membership No:



For Office Use

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)

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