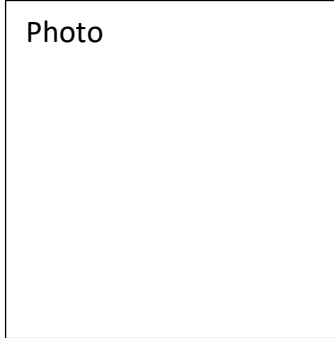


**NEUROTRAUMA SOCIETY OF INDIA MEMBERSHIP FORM  
(LIFE MEMBER / ASSOCIATE MEMBER)**



**Personal Details**

First Name .....

Middle .....

Last Name .....

Designation and Working Place.....

Email ID: .....

Mobile Number: +91 .....

Land Line: +91 City Code: Number : .....

**Address For Correspondence**

Line 1 :  
.....

Line 2 :  
.....

City: ..... State: .....

PIN Code: ..... Country: .....

**Qualification (Attach Certificate) Tick : MBBS/MS/MD/MCh/DM**

**Payment by Bank Transfer To:**

State bank of India (SBI)	IFSC Code: SBIN0031849 MICR Code: Branch Code: A/C Name: NEUROTRAUMA SOCIETY OF INDIA A/C No: 61061931263	Branch Address:  SMS Hospital, Jaipur,  Rajasthan- 302004
------------------------------	--	---

**Transaction Id:**

All documents should be submitted electronically to: **secretaryntsi1@gmail.com**

- Colour photograph in JPEG format
- Curriculum vitae
- Scanned copies of

Qualification certificates  
Signed membership application

**SIGNATURE**

**Office Use**

Receipt Number: .....

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

Presented to EC On: .....

Membership Confirmed / Rejected: Membership No: