



**INDIAN SOCIETY OF STEREOTACTIC AND FUNCTIONAL NEUROSURGERY**

**MEMBERSHIP APPLICATION FORM**

<b>NAME:</b>	
<b>AGE AND DATE OF BIRTH</b>	
<b>MAILING ADDRESS</b>	
<b>TELEPHONE NUMBER/FAX</b>	
<b>MOBILE NUMBER</b>	
<b>EMAIL ID</b>	
<b>QUALIFICATIONS</b>	
<b>PRESENT POSITION</b>	
<b>CHEQUE DETAILS</b>	<ul style="list-style-type: none"><li>• NUMBER</li><li>• AMOUNT</li><li>• BANK NAME</li><li>• DATE</li></ul>

<b>NETBANKING DETAILS</b>	<ul style="list-style-type: none"> <li>• TRANSACTION ID</li> <li>• AMOUNT</li> <li>• BANK NAME</li> <li>• DATE</li> </ul>
<b>PROPOSED BY</b>	
<b>SECONDED BY</b>	
<b>SIGNATURE</b> <b>DATE/PLACE</b>	

**CONDITIONS:**

1. A BRIEF CV AND PASSPORT SIZE PHOTOGRAPH SHOULD ACCOMPANY ALL APPLICATIONS
2. ALL MEMBERS NEED TO BE PROPOSED AND SECONDED BY A FULL MEMBER ONLY
3. MEMBERSHIP APPLICATIONS WILL BE APPROVED ONLY AT THE EXECUTIVE COMMITTEE MEETING HELD ANNUALLY
4. ONLY MEMBERS WILL BE ELIGIBLE FOR AWARDS PAPERS
5. INCOMPLETE APPLICATIONS WILL BE REJECTED

**DETAILS OF PAYMENT**

<b>ASSOCIATE MEMBERS</b>	<b>INR 4000</b>
<b>LIFE MEMBERS</b>	<b>INR 10000</b>

<b>DD/CHEQUE (IN FAVOUR OF)</b> <b>Outstation cheque amount to be added to the membership fees</b>	INDIAN SOCIETY OF STEREOTACTIC AND FUNCTIONAL NEUROSURGERY
<b>ADDRESS (PLEASE CHECK THE ADDRESS ON WEBSITE - <a href="http://www.issfn.in">www.issfn.in</a>)</b>	TREASURER, INDIAN SOCIETY OF STERETACTIC AND FUNCTIONAL NEUROSURGERY <b>DR. RAVI GOPAL VARMA</b> <b>CONSULTANT NEUROSURGEON</b> <b>ASTER HOSPITAL, BENGALURU, INDIA</b>