



ANDHRA PRADESH NEURO SCIENTISTS ASSOCIATION

MEMBERSHIP FORM

Reg No:485/2010

Membership No:

I. **Name in full:**.....
(Block Letters) Surname

II. **Specilaity:** Neurosurgery / Neuromedicine/Allied (Specify).....

III. **Official / Institutional address :**.....

City.....PIN Code.....State.....Email.....

IV. Residential Address :.....

Tel (R) :..... (Office).....Mobile..... Fax:.....

V. **Date of Birth:**..... **Gender :Male / Female**
City.....PIN Code:.....State.....

VI. **Educational qualification (if multiple degrees - kindly use bottom blank coloumns):**

S.No.	Qualifications	Speciality	Name of the University/College	Year of Passing
1.	M.B.B.S.			
2.	M.D. / M.S.			
3.	D.M. / M.Ch.			
4.	DNB			

VII. **Particulars of Present work place:**

- Teaching Institute:- Govt. /Autonomous / Private / Charitable Organisation.....
- Non-Teaching Institute:- Govt. /Autonomous / Private / Charitable Organisation.....

VIII. I would like to enrol myself as Life / Associate Member/.....by depositing
Rs.7500/- Cash /Cheque/D.D./Online No.....Bank.....Dated.....

Proposed by Life Member (NAME)..... (SIGNATURE).....

Proposed by Secended (NAME)..... (SIGNATURE).....

DECLARATION

I hereby declare that I will abide by the bye laws of the APNSA and accept the amendments which come into time to time.
I assure that I will promote the Society's aims and objectives.

Enclosures : 1) Tick (✓) : DM / MCh / DNB Certificate
2) Registration Certificate

Signature of the member

DETAILS OF MEMBERSHIP FEE:

- LIFE MEMBERSHIP Rs.7500/-** Eligibility:- a) Those who possess post graduate degree or diploma in any branch of Neurological Sciences. b) Those who post graduate degree of M.D. Ph.D or D.N.B. or its equilavent with special training or experience in any branch of Neurological Science.
- ASSOCIATE LIFE MEMBER: (Residents) needs to pays Rs.7500/-** He/She will be given Life Membership automati cally on producing degree certificate without any extra fee.

CHEQUE / D.D. in favour of

ANDHRA PRADESH NEUROSCIENTISTS ASSOCIATION

Payable at **UNION BANK OF INDIA**, KGH Branch, Visakhapatnam.

For Online Transcations : A/c No: 103010100055210

IFSC: UBIN0810304 ; MICR:530026028

Note: Professionals will be registered to this academy only after confirming the relevant qualification required for this Society. Kindly send the the certificate of your qualification.

Should be sent to the following address :

Dr.I.BABJI SYAM KUMAR, Secretary

A.P. Neuroscientists Association

Department of Neuro Surgery, **Super Speciality Block**

King George Hospital, Maharanipecta, Visakhapatnam-530002.

Email:apnsa.1994@gmail.com ; Mobile No : 9440396903