

Membership type (please tick mark)

Life

Associate

**INDIAN SOCIETY OF PERIPHERAL NERVE SURGERY (ISPNS)  
APPLICATION FOR MEMBERSHIP**

Name (Block letters) .....

Date of Birth.....

Father's Name.....

Mailing Address.....

Pin.....Email.....

Phone No (With Std code).....

Fax No.....

Mobile No.....

Qualifications.....

Appointments, Post and experience in Peripheral Nerve surgery

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Amount..... D.D./ Cheque/RTGS/IMFT at par No.....

Account Name: **Indian society of peripheral Nerve Surgery**

Bank Account No. **32505212518**

PAN No. **AAAAI6063Q**

IFSC Code (RTGS/NEFT): **SBIN0001536**

Bank Address: **State Bank of India, Ansari Nagar, New Delhi**

Place.....

Date.....

Signature of applicant

Membership Fees: Life– 6000 +18% GST= 7080 INR, Associate- 4500 +18% GST= 5310 INR to be drawn in favour of **INDIAN SOCIETY FOR PERIPHERAL NERVE SURGERY** payable at New Delhi.

The completed application form (with fee) to be sent to Dr. Deepak Agrawal, Secretary, ISPNS.

E-mail address: **drdeepak@gmail.com**