



INDSPN

INDIAN SOCIETY FOR PEDIATRIC NEUROSURGERY

MEMBERSHIP APPLICATION FORM

1. Personal Details

NAME	FIRST NAME	
	LAST NAME	
AGE		
GENDER		
NATIONALITY		
QUALIFICATION		
DESIGNATION		
ORGANIZATION		
OFFICE ADDRESS		
	CITY	
	STATE	
	PIN	
RESIDENCE ADDRESS		
	CITY	
	STATE	
	PIN	
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)		
	CITY	
	STATE	
	PIN	
TEL NO.		
MOBILE NO		
EMAIL		

2. Membership Type

TYPE OF MEMBERSHIP APPLIED FOR (Circle/Mark Any One)

LIFE MEMBER
INR 10000/-

ASSOCIATE MEMBER (LIFE TIME)
INR 2500/-

INTERNATIONAL
US \$ 200

3. Qualifications

Name of Institution of
Medical Degree / University

Year of obtaining Degree

Name of Institution of PG
Medical Degree / University

Year of obtaining PG Degree
(M.Ch. or Equivalent)

4. Proposed By (Must Be INDSPN Member)

Name

Communication Address

E-mail

Phone / Mobile No

5. Seconded By (Must be INDSPN member)

Name

Communication Address

E-mail

Phone / Mobile No

6. Declaration

I confirm that the above information is correct to the best of my knowledge. I am here by applying for membership of INDSPN. I agree to abide by the rules and laws of the society in force at all times.

Signed:

Date

Indspn HDFC bank account QR code :

Greetings from

THE INDIAN SCTY FOR PEDIATRIC NEUROSRGY.

Please scan the QR with cards and UPI to complete your payment.



THE INDIAN SCTY FOR PEDIATRIC
NEUROSRGY

TID: 82099966

Collect payments from any of these apps



Scan & Pay

**Address: 1383, Gr & 1st Floor, Samrat Guest House, Patwari Para,
Mukundapur, Kolkata, West Bengal 700099**

IndSPN Bank Details:

Name of the Account - **THE INDIAN SOCIETY FOR
PEDIATRIC NEUROSURGERY**

Bank Name: **HDFC Bank**

Account No – **50100341805880**

Type of Account: **SAVINGS**

IFSC Code – **HDFC0000356**