

SKULL BASE SURGERY SOCIETY OF INDIA

APPLICATION FOR MEMBERSHIP

- Associate Member
- Life Member

Name _____ Age _____

Designation _____

Address (institution) _____

E-mail : _____

Address (Home) _____

Phone / Mobile : _____

Proposed by : _____ Seconded by : _____

Signature : _____ Signature : _____

Curriculum vitae to be enclosed

Enrollment fee 500/- + Life membership fee 2500/-
Total 3000/-

Associate Member - Enrollment Rs. 250/-

Yearly Membership fee Rs. 500/-

Total Rs. 750/-

Cheque / DD in favour of "Skull Base Surgery Society of India" Rs. 100/- for outstation cheque

Date : _____ Signature : _____

Book Post

Stamp

To,

If undelivered please return to :

Dr. Deepu Banerji

Consultant Neurosurgeon

Wockhardt Hospital Ltd

Mulund-Goregaon Link Road,

Mumbai - 400 078

Pin