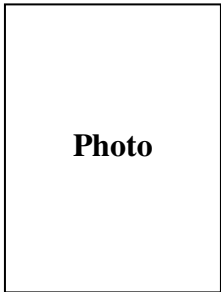




# MEMBERSHIP APPLICATION FORM

## INDIAN SOCIETY OF NEURORADIOLOGY (ISNR)



(PLEASE READ INSTRUCTIONS OVERLEAF BEFORE FILLING IN THIS FORM)  
(PLEASE TYPE OR WRITE IN BLOCK LETTERS)

- Name \_\_\_\_\_  
(First) (Middle) (Last)
- Date of Birth : \_\_\_\_\_ Present Designation \_\_\_\_\_  
DD/MM/YY
- Medical Registration No : \_\_\_\_\_ Date of Issue \_\_\_\_\_ Place of Issue \_\_\_\_\_
- Diploma / Degrees
  1. \_\_\_\_\_ Year \_\_\_\_\_ University \_\_\_\_\_
  2. \_\_\_\_\_ Year \_\_\_\_\_ University \_\_\_\_\_
  3. \_\_\_\_\_ Year \_\_\_\_\_ University \_\_\_\_\_
  4. \_\_\_\_\_ Year \_\_\_\_\_ University \_\_\_\_\_
- Professional address : \_\_\_\_\_  
\_\_\_\_\_

Tel : \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
(Mandatory)

Residential address : \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

- Mailing address :      PROFESSIONAL       RESIDENTIAL       OTHERS-SPECIFY

### MEMBERSHIP TYPE:

LIFE       STUDENT       ASSOCIATE       CORRESPONDING   
CORPORATE LIFE/REG       HONORARY       EMERITUS

- Declaration : (To be signed by all applicants)

I, \_\_\_\_\_ am desirous of being elected as \_\_\_\_\_ member of the Indian Society of Neuroradiology and agree, if elected, to conform in all respects to the rules and bylaws of the Society now existing or which may hereafter come into being. I further declare that the information that I have given is true and correct.

Sign: \_\_\_\_\_ Date : \_\_\_\_\_

- Declaration by applicants for Life Members / Regular / Associate / Corresponding :

I declare that a substantial amount of my professional work is related to Neuroradiology / Radiology / Neurosciences.

Sign: \_\_\_\_\_ Date : \_\_\_\_\_

Proposed by : \_\_\_\_\_ (name of member) Reg.No.: \_\_\_\_\_ Sign : \_\_\_\_\_

Seconded by : \_\_\_\_\_ (name of member) Reg.No.: \_\_\_\_\_ Sign : \_\_\_\_\_

➤ **PAYMENT :**

Payment for the membership : Life  Student  Associate  Corresponding   
Corporate Life / Reg.  Honorary  Emeritus

By Cheque / Demand Draft No. \_\_\_\_\_ Total Rs. \_\_\_\_\_

Drawn on : \_\_\_\_\_

Branch : \_\_\_\_\_

Date : \_\_\_\_\_

**Please make all payments by Cheque / D. Draft in favour of "ISNR-2005" payable at New DELHI and mail to :**

**Dr Shailesh B Gaikwad**  
Additional Professor, ISNR  
Department of Neuroradiology, AIIMS, New Delhi-110029  
Tel-26589393 (o), 26589600(r) 9868398216(m)  
Fax :+91-011-26588641, Email : [sgaikwad\\_63@yahoo.com](mailto:sgaikwad_63@yahoo.com)  
Website :<http://www.isnrindia.in>

***Life Member : Senior / Regular who pays the prescribed one-time lump sum membership fee Rs. 3000/- and Rs. 200/- for admission fees.***

***Student member : MD, DMRD, DNB, DM students with interest in the field of Neuroradiology membership fees is Rs. 500/- per annum. The total amount paid as student member will be deducted from the future life membership fees if the student wishes to become a life member after passing out.***

***Associate Member : An associate member shall be a medical or non-medical graduate not practicing Neuroradiology but sharing a common interest in the field of Neuroradiology and who will be (i) specialist of various medical and non-medical faculties or (ii) a post-graduate student of various medical and non-medical faculties or (iii) technologists or physicists Rs. 1000/- per annum and Rs. 200/- as admission fees.***

***Corresponding Member : A physician residing outside India in Radiological / Neurological Sciences and having a post-graduate degree / diploma in a medical specialty. \$100 per annum & \$ 10 for admission fees.***

***Corporate Member : member of industry desirous of becoming a member of ISNR. Regular membership of Rs. 3000/- per annum and Rs. 200/- for admission fees. Life corporate membership Rs.50,000/- + Rs. 1000/- as admission fees.***

For office use only :

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APPLICATION RECEIVED \_\_\_\_\_ TYPE OF MEMBERSHIP: \_\_\_\_\_

ADMITTED : \_\_\_\_\_ MEMBERSHIP NO : \_\_\_\_\_

(PRESIDENT)

(HON. SECRETARY)

(JT. SECRETARY)

(TREASURER)