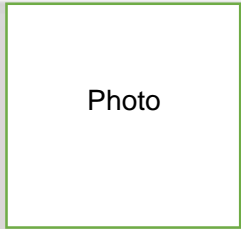


Society of Neurocritical Care (SNCC-India)

Website: www.sncc.co.in



Photo

MEMBERSHIP FORM (Write in block letter)

Name: _____

Date of Birth: _____

Qualifications: _____

Residential Address: _____

City: _____ State _____ Pin. Code _____

Institute/Hospital name: _____

Designation: _____

Institute/Hospital Address: _____

City _____ State _____ Pin. Code _____

Phone _____ Mob. No _____

Email. ID: _____

MCI/State body Registration: _____

*Physician category (Tick relevant): Neuro-Intensivist/Neuro-anesthetist/Neurosurgeon/Neurologist/General Intensivist/General Anesthetist/Pulmonologist/Paediatric Intensivist/Others _____

Date: _____

(Signature of Applicant)

एकं जीवनम एकः अवसर एकं मस्तिक्ष एकः अवसर
One Life One Chance One Brain One Chance



Account Details

| | |
|---------------|---|
| Account Name | The Society of Neuro Critical Care |
| Account No | 50200032854551 |
| Bank & Branch | HDFC Bank Limited, Sco 15 & 16, Old Railway Road New Colony More, Gurgaon, Haryana-122001 |
| IFSC Code | HDFC0000583 |

Lifetime Membership Fee.

| | |
|---------------------------|-------------|
| DM/PG/SR/Fellows student: | INR. 3000/- |
| All others Doctors grade: | INR. 4500/- |
| Nurses & Paramedics: | INR. 1000/- |
| International: | USD. 75 |

SPECIAL OFFER

50% OFF
for ISCCM Members

30% OFF
for General Category

ISCCM Membership No: _____

Office Use

Receipt Number _____ Date _____ Amount _____
Membership (Confirmed/Rejected) _____ Membership No _____

Kindly send the scanned form, duly filled, to
Contact Person: Ms Raena Shaikh
E-mail: indiasncc@gmail.com M: +91-8390099627
Website: www.sncc.co.in

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