



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/Paediatic Intensivist/Others _____

Lifetime Membership Fee.

DM/PG/SR/Fellows student: _____ INR.3000/-

All others Doctors grade: _____ INR. 4500/-

Nurses & Paramedics: _____ INR. 1000/-

International: _____ USD. 75

Date: _____ (Signature of Applicant) _____

एकं जीवनम एकः अवसर एकं मस्तिष्क 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

Office Use

Receipt Number _____ Date _____ Amount _____

Membership (**Confirmed/Rejected**) _____ Membership No _____Membership fee: Cash/DD/At par cheque to be drawn in favour of **"The Society of Neuro Critical Care"**.**TO**Office: **Dr. Neha Asija**

Room No. 06, Medanta Institute of Neurosciences,

Medanta - The Medicity, Sector - 38, Gurugram, Haryana -122001, India

E-mail: neha.asija@gmail.com M: +91-98211 67002, 97174 13838 website: www.sncc.co.in

एकं जीवनम एकः अवसर एकं मस्तिक्ष एकः अवसर

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