



BANGALORE NEUROLOGICAL SOCIETY

MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Female/Male:

Qualification:

Current address:

City:

State:

PIN Code:

Phone:

E-mail ID:

Current Designation and hospital attachment:

DD/ Cheque for Rs.1000=00 in favor of "Bangalore Neurological society" payable at Bangalore with date and Bank details—

Bank name and address:

Cheque/DD Number:

Signature of applicant:

Date:

Membership Application should be proposed and seconded by two active members of BNS/IAN/NSI:

Name and of Proposer:

Signature :

Name of person seconding proposal:

Signature:

FOR OFFICE USE

Application approved: Yes/No

Reason for rejection:

Membership Number:

Signature of Secretary BNS:

PHOTOGRAPH