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TAMIL NADU ASSOCIATION OF NEUROLOGISTS

TAMIL NADU & PONDICHERRY

APPLICATION FOR MEMBERSHIP

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Wish to apply to become Member of the Tamil Nadu Association of Neurologists.
(Please Write in Block Letters)

Name: Male/Female.....

Date of Birth:..... Date of application:.....

State your Professional Qualification(s):.....

Present Appointment:.....

Student(please State).....

Home Address:.....

..... Pincode:.....

Tel No: Mobile no:.....

E-mail Id:.....

Website:.....

Work Address (Clinic/hospital):.....

..... Pincode:.....

Tel No: Mobile no:.....

Signature of Applicant.

Proposed by

Seconded by

Name:

Name:

Membership Number:.....

Membership Number:.....

Signature:.....

Signature:.....

*Please indicate to which Address you would prefer mail sent: Home Work

**LIFETIME REGISTRATION FEE RS. 3000.00 DD IN FAVOUR OF TAMIL NADU ASSOCIATION OF
NEUROLOGISTS PAYABLE AT CHENNAI.**

If you change the above details or your Designation please inform to the secretary

Life Member No:

Payment:

Mode of Payment: