



INDIAN ACADEMY OF NEUROSCIENCES

MEMBERSHIP FORM

I wish to become a member of the Indian Academy of Neurosciences. I have read the Rules and Byelaws / Constitution of the Academy and agree to abide by it.

1. Sur Name:.....First Name:.....Middle Name:.....
2. Educational Qualification:.....
3. Designation / Affiliation:.....
4. Official Address:.....
Tel:.....Fax:.....Email:.....
5. Residential Address:.....
.....
Tel:.....Cell number:.....
6. Are you actively engaged in work related to neurosciences: Yes No
7. Field of specialization:.....
8. Type of membership* desired (Tick or circle the appropriate one)
I. Life Member II. Associate Life Member III. Associate Member
(E-transfer Number:.....Name of Bank/portal used.....Date of payment.....)
9. Nominated by:.....
Name & Membership No:.....
Address:.....
.....

Signature of the applicant

Signature of the proposer

Note:

1. Admission fees Rs. 50/- additional shall be charged for secretarial purpose and included in the fee.
2. Subscription fees* for **Life Membership and Associate Life Membership is Rs. 4000/-, Associate Membership is Rs. 500/-.**
3. Category of Associate Life Membership will be upgraded to Life Membership once the candidate submits his / her Ph.D. certificate.
4. Associate Membership is valid for one calendar year and shall become due on the 1st of January each year.
5. Online bank transfer may be made as per following details -
Account Name: Treasurer, Indian Academy of Neurosciences Bank: Punjab & Sind Bank, Branch: Hazratganj, Lucknow. IFSC Code PSIB0000166, Branch code: L0166. Account No. 01661000050015,
6. **Proof of bank transfer** should be emailed along with this duly completed form as PDF with **subject line "Application for New Membership"** to -
Email: ajayitrc@gmail.com CC to pseth10@yahoo.com and neuroscienceacademy1@gmail.com
Treasurer, Indian Academy of Neurosciences
C/o. Dr. Pankaj Seth, Scientist VII, Molecular and Cellular Neuroscience Division
National Brain Research Centre, NH-48, Manesar (Gurgaon) – 122052, India
6. **NO HARD COPIES or DD or Cheques** are required now. Please allow at least 15 working days for verifications, approval process & allotment of the membership number.

For Office Use Only

Membership No.Type of Membership.....Subscription Details.....
 E-transfer Number:.....Name of Bank/portal used.....Date of payment
 Receipt No.....Date

DateTreasurer's Signature.....