



MEMBERSHIP FORM

CEREBROVASCULAR SOCIETY OF INDIA



Name: _____

Date of Birth: _____

Qualification: _____

Designation: _____

Institution: _____

Address: _____

E-mail: _____

Phone number (O): _____ Residence: _____

Mobile: _____

Date: _____

Signature: _____

Proposed by: _____

Seconded by: _____

CVSI No: _____

CVSI No: _____

Email ID:- _____

Email ID:- _____

The CVSI Secretariat will send an email to the Proposer and Seconder to verify the reference.

Application for	Fees
Full Member	<input type="checkbox"/> Rs. 10,000 + 500 (admission fees) for life
Associate member	<input type="checkbox"/> Rs. 5000 + 500 (admission fees) for life
Resident member	<input type="checkbox"/> Rs. 2000 for 3 yrs

Please enclose a brief CV

Cheque/DD in favour of **CEREBROVASCULAR SOCIETY(CVS)** payable at Delhi.

Please Rs. 100 for outstation cheque.

[For Online Transfer Payment details](#)

[Send to:](#)

Account no.: 12062122001924
CEREBROVASCULAR SOCIETY (CVS)
IFSC: PUNB 0120610
Address: Punjab National Bank
Plot no-2982, Ravi Talkies
Road, PS-Lingaraj
BHUBANESHWAR 751002

Dr. Pradipta Tripathy
Secretary, CVSI
Consultant Neurosurgeon
Kalinga Hospital Ltd.
Chandrasekharapur, BBSR, Odisha-751023, India
Email:pradipta_tripathy@yahoo.com
Mobile:9439831761