

MEMBERSHIP FORM

CEREBRO VASCULAR SOCIETY



PERSONAL INFORMATION

Full Name	:									
Date Of Birth	:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Qualification	:	<input type="text"/>
		D	D	M	M	Y	Y			
Designation	:	<input type="text"/>								
Institution	:	<input type="text"/>								
Address	:	<input type="text"/>								
		<input type="text"/>								
Nationality	:	<input type="text"/>					Postcode	:	<input type="text"/>	
City	:	<input type="text"/>					Country	:	<input type="text"/>	
E-Mail	:	<input type="text"/>								
Mobile Number:		<input type="text"/>					Residence	:	<input type="text"/>	
Residence	:	<input type="text"/>								
Mobile Number:		<input type="text"/>					Residence	:	<input type="text"/>	
Date	:	<input type="text"/>					Signature	:	<input type="text"/>	
Proposed by	:	<input type="text"/>					Seconded by	:	<input type="text"/>	
CVSI No.	:	<input type="text"/>					CVSI No.	:	<input type="text"/>	
Email ID	:	<input type="text"/>					Email ID	:	<input type="text"/>	

Application for	Fee
Full Member	<input type="checkbox"/> Rs. 10,000 + 500 (admission fee) for life
Associate Member	<input type="checkbox"/> Rs. 5,000 + 500 (admission fee) for life
Resident Member	<input type="checkbox"/> Rs. 2,000 for 3 Year's

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

BENEFICIARY DETAILS

For online transfer payment details:

Account No: 12062122001924

Account Name: CEREBRO VASCULAR SOCIETY CVS

Branch: Trivendrum Medical College

IFSC Code: PUNB0362400

MICR Code: 695024003

UPI ID: 9439831761m@pnb

Scan & Pay



BHIM UPI

NOTE

- Please enclose a brief CV
- Cheque/DD in favour of **CEREBRO VASCULAR SOCIETY CVS** payable at Delhi.
- Please Rs. 100 for outstation cheque.

CONTACT US

drdwarka@gmail.com

+91 93412 68629

THANK YOU FOR YOUR INFORMATION

www.cvsi.com
cvsi.contact@gmail.com