



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
(DD / Cheque Number:.....Drawn on Bank.....Date.....)
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. Payment in cash/ DD or local cheque drawn in favour of **Treasurer, Indian Academy of Neurosciences** **payable at Lucknow** should be sent along with the duly completed form at the following address.
Dr. A.K. Agrawal
Treasurer, Indian Academy of Neurosciences
C/o. Dr. Vinay K. Khanna, Principal Scientist, Developmental Toxicology Division
CSIR - Indian Institute of Toxicology Research, Post Box No. 80, M.G. Marg
Lucknow – 226 001, India
Email: aka33@rediffmail.com
6. Online NEFT transfer may also be made as per following details,
Punjab & Sind Bank, Branch: Hazratganj, Lucknow with IFSC Code PSIB0000166, Branch code: L0166 & Account No. 01661000050015, It is mandatory to enclose the online transaction printout of successful NEFT Transfer for verification.

For Office Use Only

Membership No.Type of Membership.....Subscription Details.....
DD / Cheque Number:.....Drawn on Bank.....Date.....OR
Receipt No.....Date(if payment made in cash).....
DateTreasurer's Signature.....