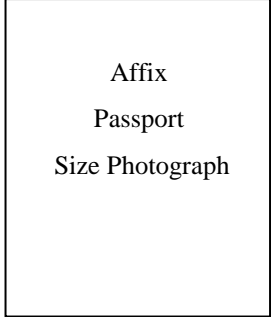


CLINICAL NEUROPHYSIOLOGY SUBSECTION
(Indian Academy of Neurology)
Membership Application Form



Name in full:

Age: (years) Sex:

IAN Membership No.: LM/LAM/AM

Qualifications:

Designation and Present Appointment:
.....

Office address:
.....
.....

City Pin State Country

Home address:
.....
.....

City Pin State Country

Address for correspondence: Office Home

Telephone Fax

Cell E-mail:

Please indicate your main areas of interest(s) in Clinical Neurophysiology by putting a check mark (✓) in the box

1. ENMG 2. EEG 3. Evoked Potentials
4. Magnetic Stimulation 5. Intra-operative monitoring
6. Others (please specify)

DD/Cheque No. Dated:

Drawn on Bank:

Date:

Signature

Please send demand draft/cheque (add Rs. 100/- for outstation cheque) for Rs. 1000/- (Rupees one thousand only) in favour of “**TREASURER, INDIAN ACADEMY OF NEUROLOGY**” payable at Mumbai. *Members who are already members of another subsection of IAN should send a DD for Rs. 2000/-.*

*Original membership application form (duly filled in) along with DD/cheque be sent to **Dr. Nirmal Surya**, Head, Neurology, Surya Neurocenter, 310, Lotus House, 33A New Marine Lines, Next to Library Cinema, Mumbai - 40002*

A photocopy of DD/cheque and filled in membership application form be sent to:

1. Dr. Gagandeep Singh
Secretary, Indian Academy of Neurology
Professor and Head, Dept. of Neurology
Dayanand Medical College (DMC) and Hospital
Ludhiana-141001, Panjab

2. Dr. M.Veerendrakumar
Professor of Neurology
NIMHANS, Hosur Road
Bangalore-560029