



**ASSOCIATION OF
SPINE SURGEONS
OF INDIA**

MEMBERSHIP FORM

To,
The Secretary
Association of Spine Surgeons of India

Dear Sir,

I wish to join the Association as a life member. I have enclosed a bankers draft/cheque of Rs. 5000/- payable at Delhi in favour of 'Association of Spine Surgeons of India'.

Last Name: First Name: Middle Name:

Mailing Address:

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Fax: Tel: Res. Fax: Res. Tel:

Email: Date of Birth:

Qualifying Degree: Year & Institution:

Post Graduate Degree/Diploma: Year & Institution:

Place & number of registration:

Present appointment including nature of spinal work:

List of publications. Please attach list Bankers draft/cheque no.:

Note: Bankers Draft / Cheque would be drawn in favour of "Association of Spine Surgeons of India" payable at Delhi
Bankers Draft / Cheque should be sent to : ASSI Secretariat, Indian Spinal Injuries Centre, Sector-C, Vasant Kunj, New Delhi-110070. E-mail: assi.secretariat@isiconline.org; assi.secretary@isiconline.org; Tel: +91-11-42255356.