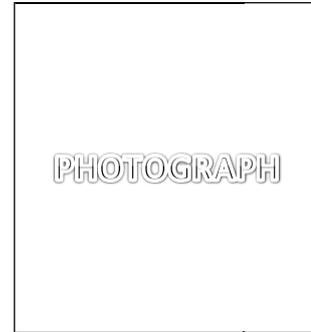


NEUROVASCULAR INTERVENTIONS SOCIETY OF INDRAPRASTHA

CERTIFICATE OF REGISTRATION UNDER SOCIETIES REGISTRATION ACT XXI OF 1860

Membership Application Form for LIFE/ASSOCIATE/INTERNATIONAL Member

Membership No.	
NSI	
DNA	
ISA	
CVSI	
SNVI	
Any Other	



Please tick the appropriate and mention membership no.

Name in Full			
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Date of Birth		Sex	
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Address with Pin Code			

Telephone No.	
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Mobile No.	
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Email	
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Qualification	
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No. of Years in Neuro Intervention Practice	
Percentage of Practice in Neuro Intervention	%
No. of Diagnostic Procedures done Independently in last 1 year	
No. of Therapeutic Procedures done Independently in last 1 year	

Hospitals and Institutes Attached Current & Past	

Proposed By		Seconded By	
Membership No.		Membership No.	

Signature

Signature

The above information is true to best of my knowledge and I fully agree to abide by the rules & regulations of the society.

Signature of Applicant

Instructions for Filling Membership Form:

1. Please read all the instructions carefully.
2. Please take printout of the form, fill it in legible handwriting (name and contact details in CAPITAL LETTERS). Please scan and send a copy to nivsidelhi@gmail.com
3. Also send your brief CV with photograph to nivsidelhi@gmail.com
4. SNVI has Three types of memberships:
 - a) **Life Member:** any Neurologist / Neurosurgeon who has completed at least 1 year of dedicated training in Neurointerventions

OR

At least 6 months of training and has independently performed more than 200 diagnostic DSAs and 50 therapeutic Neurointerventional procedures after completion of training is eligible for life membership.
 - b) **Associate Member:** Any doctor interested in Stroke and Neurointervention who does not satisfy the criteria in 4a is eligible for Associate membership.
 - c) **International Member:** Enrolment of International Member will be at the sole discretion of Executive Committee. All foreign applications will be considered as international membership.
5. Membership Fees: are INR 10000 for Life Members, INR 5000 for Associate Members and US Dollar 250 for International Members.
6. All applications will be screened by NIVSI Executive Committee, and the membership will be rewarded as per your eligibility for life or associate membership. The membership number will be intimated to you on receipt of membership fee.
7. Your membership must be proposed and seconded by the existing LIFE/EC members of NIVSI.
8. Cheque/DD to be made in favour of "Neurovascular Interventions Society of Indraprastha ' payable at Delhi and send it to the below mentioned address of NIVSI Secretariat.
9. Details for Bank Transfers:

Account Name: **Neurovascular Interventions Society of Indraprastha**

Account no: **10224077259**

IFSC Code: **IDFB0020101**

Bank: **IDBI Bank**

Branch: **Barakhamba Road New Delhi**



UPI ID: nvisi@idfcbank

10. For further assistance please contact NIVSI Secretary Dr Vikas Gupta # +91 98106 61522
11. *Kindly email your duly signed form along with the required documents to: nivsidelhi@gmail.com or send to*

79, GF, Kiran Vihar, Vikas Marg, New Delhi-110092