

## Telangana Neurosciences Society

(Reg No- 793/2016)

### Membership Form

Name in Full \_\_\_\_\_

(Block Letters)

Date Of Birth \_\_\_\_\_ Male / Female Nationality \_\_\_\_\_

Designation \_\_\_\_\_ Department \_\_\_\_\_

Official/ Institutional address \_\_\_\_\_

Residential Address \_\_\_\_\_

State \_\_\_\_\_ Pin/ ZIP \_\_\_\_\_ Email \_\_\_\_\_

Tel (R ) \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_

Educational qualification and Schooling:

Class	Name of School	Place
1 <sup>st</sup> -5 <sup>th</sup> Class		
6 <sup>th</sup> – 10 <sup>th</sup> Class		

S.No	Qualification	Specialty	Name of the University/ College	Year of Passing
1	M.B.B.S			
2	M D/ MS			
3	D.M/ Mch			
4	D N B			

Medical Council Registration No \_\_\_\_\_

Name of Medical Council \_\_\_\_\_

**P.T.O**

Particulars of present affiliation: Tick the appropriate Status

1. Government Teaching Institute
2. Private Teaching Institute
3. Non Teaching Hospital
4. Solo Practitioner
5. Others

**Declaration**

I hereby declare that I will abide by the bye laws of the TNS and accept the amendments which come into force from time to time. I assure that I will promote the society's aims and objectives.

Date:

Signature of the Applicant

Enclosures: 1. Recent Photograph 2. Copy of DM/ Mch/ DNBE degree 3. Copy of Registration certificate  
4. Bonafide certificate from the HOD in case of residents.

**Applications with enclosures can be sent by email**

Office Secretariat:

C/o Sai Krishna Neuro Hospital

3-4-1, Station Road, Kacheguda, Hyderabad-27

Ph No- 040-4447788. 9848011584, 9394702892, 9705027826

**Email:** [telangananeuro@gmail.com](mailto:telangananeuro@gmail.com)

**Website :** [www.telangananeuro.com](http://www.telangananeuro.com)

*Note:* 1. Professional will be registered to this academy only after confirming the relevant documents by the society. Kindly send the scanned documents along with application to the email or Xerox copy of certificates.

2. Please attach relevant brief bio-data

For the Official Use

Membership approved / not approved. Member Type \_\_\_\_\_

Member No \_\_\_\_\_

**Secretary**

**President**