



NAIL SOCIETY OF INDIA (NSI)

APPLICATION FORM FOR MEMBERSHIP

Please Print or use Block Letters Only

Passport Size
Photograph

Name in Full : _____

Date of Birth : _____
(Day) (Month) (Year)

Gender : Male Female
(Please Tick)

Nationality : _____

Qualifications : _____
(Attach Documents)

Speciality : Dermatology Surgery Pathology Others
(Please Tick) (Specify)

Place of Work : _____

Mailing Address : _____

Permanent Address : _____
(If different from mailing address) _____

E-mail (Mandatory) : _____

Phone : STD Code : _____ Resi : _____ Work : _____ Mobile : _____

I certify that the statements made by me in this form are true, complete and correct. I understand that any false statement may provide grounds for cancellation of membership from the society.

Date : _____ Place : _____

Signature of Applicant

Note : • Life Membership Fees - Indian Nationals - 5,000 INR (inclusive of 12.8% service tax payable to Government of India) Foreign Nationals - USD 150 (inclusive of 12.8% service tax payable to Government of India)

• Please send DD/cheque (payable at par or add ₹ 80/- for outstation cheques) In favour of 'Nail Society of India' payable at New Delhi, India.

• Mail completed application with remittance to
Dr Vineet Relhan (Treasurer)
35-F, Sector-7, SFS Flats, Jasola Vihar
New Delhi-110025 Tel. 9968604408

E-mail : vineetrelhan@gmail.com