



Nail Society of India

[www.nailsocietyofindia.com](http://www.nailsocietyofindia.com)

NSI

**MEMBERSHIP FORM**

**Please print or Use Block Letters Only**

Passport  
Size  
Photographs

I wish to join Nail Society of India as Life member and promise to abide by its rules and regulations

Full Name (block letters) : .....

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

Nationality : .....

Qualification (with year & university).....

Speciality : Dermatology / Surgery / Pathology / Others (please specify) .....

Place of Work : .....

Mailing Address : .....

Permanent Address : .....

Email ( 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:.....

**LIFE MEMBERSHIP FEES :**

1. **Indian National** **Rs.6,000**
2. **Overseas National** **USD 200**

Cheque / Demand Draft No. \_\_\_\_\_ Dated: \_\_\_\_\_ Drawn on: \_\_\_\_\_

In favor of " Nail Society of India" payable at New Delhi

Amount remitted by Bank  
Transfer

Bank Name: Canara Bank  
SB A/C No: 90682010113264

Branch: MA Medial College Branch, New Delhi  
IFSC Code: CNRB0019068

If you are sending by Bank Transfer .

Please scan and send a copy of scanned form and receipt of money transfer at [nailsocietyofindia@gmail.com](mailto:nailsocietyofindia@gmail.com) with cc to : [vineetrelhan@gmail.com](mailto:vineetrelhan@gmail.com)

Correspondence address for Sending the complete application with payment to :

Dr VINEET RELHAN  
Vice -President, Nail Society of India  
M-012, GULSHAN IKEBANA, Sector 143,  
Noida -201306, Uttar Pradesh  
M: 9910086636

**Check list :** Please attach the following documents :

1. A photocopy of Qualifying degree
2. Photocopy of registration by relevant State Medical Council / Medical Council of India