



Nail Society of India

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.7,500**
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 with cc to : vineetrelhan@gmail.com

Correspondence address for Sending the complete application with payment to :

Dr VINEET RELHAN
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