



INDIAN CHAPTER OF THE INTERNATIONAL NEUROPSYCHIATRY ASSOCIATION

Membership Registration Form

(PLEASE FILL IN CAPITALS)

Title (Prof./Dr./Mr./Ms) : Initials

Name

Status Physician Non-Physician

Organisation.....

Address for Correspondence.....

City.....State.....

Post Code.....Country.....

Telephone.....Fax.....

E-mail.....

Draft details : Bank Name:

Draft No. **Rs.:** **Date:**

(Demand Draft favouring "Neurosciences India Group" and payable at Chennai, India)

Membership Fees

	Life Time	Annual
Physician	4500	750
Non - Physician	3000	500

For Further Details Contact :

Marundeshwara Enterprises :

A2, Shanthi Apartments, 18 TTK 1st Cross Street, Alwarpet, Chennai - 600 018

Phone : 2435 3079 / 7194, 2432 8152 Tel/Fax : 2432 0605

E-mail : marundeshwara_tours@vsnl.com

www.marundeshwara.com

Kindly enclose attested copies of relevant certificates