



# Association of Neuroscientists of Eastern India

## **Member Contact Updation Form**

A. Name: \_\_\_\_\_

B. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY)

C. Sex:  M  F

Photo

D. Affiliation: \_\_\_\_\_

E. Permanent Add: \_\_\_\_\_  
\_\_\_\_\_

F. Present Mailing Add: (if not same as permanent address):  
\_\_\_\_\_  
\_\_\_\_\_

G. Educational Qualification: (Degree and Institute)

a. Under graduate : \_\_\_\_\_

b. Post graduate: \_\_\_\_\_

c. Post graduate in Sub- specialty: \_\_\_\_\_

d. Any other: \_\_\_\_\_

H. Neurosciences Training Institute: \_\_\_\_\_ Years spent: \_\_\_\_\_

I. Are you a member of Neurological Society of India: Yes/No  
If yes, please give your membership No. : \_\_\_\_\_

J. Are you a member of Indian Academy of Neurology: Yes/No  
If yes, please give your membership No. : \_\_\_\_\_

K. Type of membership (Please tick and give membership number)

a) Life Full Member: \_\_\_\_ Membership No. \_\_\_\_\_

b) Life Associate Member: \_\_\_\_ Membership No. \_\_\_\_\_

c) Founder Member status: \_\_\_\_ Membership No. \_\_\_\_\_

L. email: \_\_\_\_\_

M. Mobile No: i) \_\_\_\_\_ ii) \_\_\_\_\_

N. Signature:

Date: \_\_\_\_\_