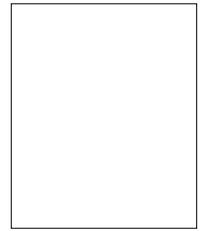




N.R.S.I.

Nursing Research Society of India



MEMBERSHIP FORM

NAME: Ms./Mrs./Mr./Dr. _____

Professional Qualification _____ Area of Specialization _____

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Address of Working place _____

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Address of the Motivator _____

FEES DETAILS

Life Membership -

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Rs. 3000.00

Non Resident Indian

U.S. \$ 200.00

PS:

- ♦ Associate Membership (All Registered Nurses, Medical and Social Scientist and other professionals related to nursing profession).
- ♦ Please add Rs. 50.00/- or \$ 5.00 for cheques of outside Indore.
- ♦ All cheques/Drafts should be made in favor of "Nursing Research Society of India" payable at Indore only and post to NRSI office
- ♦ Please attach two passport size photographs along with form and send it to give address.

Details for NEFT

A/c Name: Nursing Research Society of India

A/c No.: 10874590078

Bank: State Bank of India

Branch: Choithram Hospital Branch, Indore

IFSC Code: SBIN0030401

Payment DD /Cheque/CashNEFT _____ DD/Cheque No. _____

Date _____ Name of the Bank _____

Place _____

OFFICE USE

NAME: _____

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NRSI Membership No. _____ Receipt No. _____

No. Allotted By _____ Card Issued on _____

Mr. Shailendra Carpenter

NRSI Office Administrator

149, Veer Sanwarkar Nagar, Reti Mandi, Near D Mart, Indore -452012

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Email: nrsiindia@gmail.com