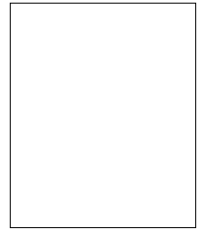




N.R.S.I.

Nursing Research Society of India

MEMBERSHIP FORM



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

Professional Qualification _____ Area of Specialization _____

Designation _____ Name of The Organization _____

Address of Working place _____

Permanent Address _____

Tel. (0) STD code _____ No. _____ (R) _____ Mobile: _____

E-Mail: _____

Name of the Motivator: _____ NRSI No. _____ Contact No. _____

Address of the Motivator _____

FEES DETAILS

Life Membership -

Indian and SARRC nations
Non Resident Indian

Rs. 3000.00
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/Cash/NEFT _____ DD/Cheque No. _____

Date _____ Name of the Bank _____

Place _____

OFFICE USE

NAME: _____

Ms./Mrs./Mr./Dr. _____

NRSI Membership No. _____ Receipt No. _____

No. Allotted By _____ Card Issued on _____

Mr. Shailendra Carpenter
NRSI Office Administrator
Choithram College of Nursing, Manik Bagh Road, Indore (M.P.)
Mobile: +919425034771
Email: nrsiindia@gmail.com