



RAN MEMBERSHIP APPLICATION FORM

Membership Category: Life Membership Life Associate Membership Associate Membership

Membership No. _____ (to be assigned by RAN office)

Name: _____
(First) (Middle) (Surname)

Date of Birth ___/___/_____ Gender : Male Female

Correspondence Address:

Office Address:

Phone No: _____

Mobile No. _____

Primary email Id _____ Secondary email Id _____

Website _____ Fax No. _____

Sr. No.	Qualification	University / Institute	Year of Passing	Certificate Enclosed (Yes / No)

Present Position: _____

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge Signature:

Proposed by

Seconded by:

Name: _____ (In Block Letters)

Name: _____

RAN Membership No. _____

RAN Membership No. _____

Email Id: _____

Email Id: _____

Subsection Membership desired:

1) Advocacy , 2) Clinical Neurophysiology , 3) Cognitive Neurology , 4) Headache , 5) Autoimmune Disorders , 6) Interventional Neurology , 7) Movement Disorder , 8) Neuro-epidemiology , 9) Neuro-ophthalmology , 10) Neuro-otology , 11) Neuromuscular Disorders , 12) Stroke , 13) Tropical Neurology , 14) Neuro-rehabilitation .

Total Number of Subsections: _____

Life Membership (LM)	Rs. 5000/- only (Rupees five thousand only) + Rs. 500/- only (Rupees Five hundred only) as admission fee.
Life Associate Membership (Residing Abroad)	\$ 125.75 US

Subsection Fee Details

Membership Fee Remittance By : Demand Draft (DD) , Cheque , Cash , Online Trans

Bank Details:

RAN Bank Details

Account Name: Rajasthan Academy of Neurology

Bank Name: Bank of Baroda

Branch: Vaishalinagar Branch, Jaipur – 302001

Account Number: 29610200003614

IFSC Code: BARBOVAIJAI