

Society of Neuro Vascular Interventions

Membership Application Form for LIFE/ASSOCIATE/INTERNATIONAL Member

| | | |
|----------------|--|------------|
| Membership No. | | PHOTOGRAPH |
| IAN | | |
| ISA | | |
| CVSI | | |
| NSI | | |
| STNI | | |
| SVIN | | |
| Any Other | | |

Please tick the appropriate and mention membership no.

| | | | |
|--------------|--|--|--|
| Name in Full | | | |
|--------------|--|--|--|

| | | | |
|---------------|--|-----|--|
| Date of Birth | | Sex | |
|---------------|--|-----|--|

| | | | |
|--------------------------|--|--|--|
| Address with Pin Code | | | |
| | | | |

| | | | |
|---------------|--|--|--|
| Telephone No. | | | |
|---------------|--|--|--|

| | | | |
|------------|--|--|--|
| Mobile No. | | | |
|------------|--|--|--|

| | | | |
|-------|--|--|--|
| Email | | | |
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| | | | |
|---------------|--|--|--|
| Qualification | | | |
|---------------|--|--|--|

| | |
|---|---|
| No. of Years in Neuro Intervention Practice | |
| Percentage of Practice in Neuro Intervention | % |
| No. of Diagnostic Procedures done Independently in last 1 year | |
| No. of Therapeutic Procedures done Independently in last 1 year | |

| | | | |
|--|--|--|--|
| Hospitals and Institutes Attached Current & Past | | | |
| | | | |
| | | | |

| | | | |
|----------------|--|----------------|--|
| Proposed By | | Seconded By | |
| Membership No. | | Membership No. | |

Signature

Signature

The above information is true to best of my knowledge and I fully agree to abide by the rules & regulations of the society.

Signature of Applicant

Instructions for Filling Membership Form:

1. Please read all the instructions carefully.
2. Please take printout of the form, fill it in legible handwriting (name and contact details in CAPITAL LETTERS). Please scan and send a copy to info@snvi-india.org
3. Also send your brief CV with photograph to info@snvi-india.org
4. SNVI has Three types of memberships :
 - a) **Life Member:** any Neurologist / Neurosurgeon who has completed at least 1 year of dedicated training in Neurointerventions

OR

At least 6 months of training and has independently performed more than 200 diagnostic DSAs and 50 therapeutic Neurointerventional procedures after completion of training is eligible for life membership.
 - b) **Associate Member:** Any doctor interested in Stroke and Neurointervention who does not satisfy the criteria in 4a is eligible for Associate membership.
 - c) **International Member:** Enrolment of International Member will be at the sole discretion of Executive Committee. All foreign applications will be considered as international membership.
5. Membership Fees: are INR 10000 for Life Members, INR 5000 for Associate Members and US Dollar 250 for International Members.
6. All applications will be screened by SNVI Executive Committee, and the membership will be rewarded as per your eligibility for life or associate membership. The membership number will be intimated to you on receipt of membership fee.
7. Your membership must be proposed and seconded by the existing LIFE/EC members of SNVI.
8. Cheque/DD to be made in favour of 'Society of Neuro Vascular Interventions' payable at Pune and send it to the below mentioned address of SNVI Secretariat.

FutureArch Events

1105, Bldg 2A, H&M Royal, Sr No. 18+19, Opp Talab Factory
Kondhwa Budruk, Pune 411048 Maharashtra INIDA
Email: tasleem@futurearch.com Mobile No. +91 95451 19967

9. Details for Bank Transfers:

Account Name: **Society of Neuro Vascular Interventions**
A/C No. 32160100014009
Bank Name: Bank of Baroda
Branch: Kondhwa
Branch Address: Konark Indrayu, Shop 114-117, Near Konark Puram, Kondhwa, Pune 411048
MICR Code: 411012029
IFSC Code: BARB0KONDHW (*Fifth Character is Zero*)
Swift Code: BARBINBBPCB

10. For further assistance please contact SNVI Secretary Dr Anand Alurkar # +91 98223 32452
11. *Any change in mailing address and contact numbers must be communicated to the secretariat.*