

## NEUROLOGICAL SURGEONS SOCIETY OF INDIA

Application form for inviting Annual Conference of NSSI

Year for InvitingPlace of Organization  Name of Institute				
	nce			
Name of Proposed <b>Organizing President</b> inviting the conference.  Membership No.  Year of Membership.  Address.				
	Pin code			
Telephone No	Mobile			
Name of Proposed Organizing	g Secretary			
Address	Year of Membership			
	Pin code			
_	Mobile			
Name of Proposed <b>Organizin</b>	g Treasurer			
Membership No	Year of Membership			
	Pin code			
*	Mobile			

## PROPOSED ORGANIZING COMMITTEE

S.NO	NAME	POST IN ORGANIZING COMMITTEE	MEMBERSHIP NO	SIGNATURE OF MEMBER
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Detail of Venue	Name of Venue
v	2 No. of Conference Halls
	3 Seating Capacity of Conference Halls
	4 Space for Posters
	5 Space for Trade Exhibitions
	6 Audio and Video Facilities
	7 Computers for Preview
	8 Space or Desk for NSSI office at registration counter

We declare that the above mention information are true and correct in our knowledge. We are **members** of this Neurological Surgeons' Society of India and our names are entered in the **electoral roll** of Neurological Surgeons' Society of India. We append our signatures below. We hereby give our consent for willingness to organizing the proposed Annual Conference according to the constitution and bylaws of Neurological Surgeons' Society of India after duly allotted the above said annual conference.

SignatureSignatureSignature(Organizing President)(Organizing Secretary)(Organizing Treasurer)

For Office Use