



NEUROLOGICAL SURGEONS' SOCIETY OF INDIA

Training Fellowship Application

NSSI Membership No.....

Name of Applicant.....

Date of Birth.....Qualification.....

Institute.....

Mailing Address of Applicant.....

Pin Code.....Mobile No..... Email Address

Description of Training Programme.....

Date and Duration of Training Programme.....

Institute Where Programme Organized.....

Name of Trainer

Fare (Railway AC III Class with Return).....(Attached a copy of ticket)

Accommodation Charge (If Any)..... (Attached a copy of bill)

Declaration

This to verify that above mention fact is correct and true in my knowledge.

Signature of Applicant

Recommendation of HOD

I Dr.....hereby recommend that
Dr.....is a(position/post) in our department and
interested to participate in above said training programme Dr.....did not get any
financial assistance or grant from our institute, society or any other organization.

Signature of HOD
(With official Seal)

Certificate By Trainer Professor

I Dr.....certified that
Dr.....has been taken part in above said training programme
from(Date).....to.....and he/she did not get any financial assistance from
any other source.

Signature
(With official seal)

For NSSI office use

Sanctioned Rs..... (In word).....

Secretary.....Treasurer.....

Please send form to NSSI office:Dr.R.S.Mittal 105 VIRNDAVAN VIHAR COLONY,NEAR SHYAM NAGAR PPOLICE STATION
NIRMAN NAGAR AJMER ROAD JAIPUR 302019 MOBILE 9414244866 EMAIL dr_mittal@hotmail.com nssi.india@ gmail.com