



ACADEMY OF REGIONAL ANAESTHESIA OF INDIA

MEMBERSHIP FORM

Name :

Age: Date of Birth : Sex :

Qualification with Institution :

Mailing Address :

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Permanent Address :

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Contact Numbers: Home

Office :

Mobile :

E Mail Address :

Current Position :

Number of Years in Practise :

Medical Council Registration Number :

Fees can be paid either in cash, cheque or DD drawn in favor of

“Academy of Regional Anaesthesia”

Amount : Rs. 5,000/-

DD / Cheque No.: Dated :

Bank Name & Branch :

Signature of the Applicant Date :

SECRETARIAT

DR. VRUSHALI PONDE

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