



# MEMBERSHIP APPLICATION FORM FOR NATIONAL ASSOCIATION OF INTERLOCKING SURGEONS (NAIS)

To,  
**Dr.B. Shivashankar**  
Honorary Treasurer  
National Association of Interlocking Surgeons (NAIS)  
C/O Iyer Orthopaedic Centre  
103, Railway Lines  
**SOLAPUR – 413001**, Maharashtra.  
Tel: 0217-2317597, 2316783  
drbshivashankar@gmail.com

Dear Sir,

I wish to apply for the LIFE membership of National Association of Interlocking Surgeons (NAIS).

**Name (Block Letter)** :-

Address for Communications: :-

Tel No. :-

Mobile No :-

What's App Mobile No :-

E-Mail Address :-

Date Of Birth :-

Qualifications :-

IOA / State Chapter / City :-

Chapter Membership No

I enclose the subscription of Rs. 1000 by Demand Draft No. \_\_\_\_\_

Dated \_\_\_\_\_ Payable to 'NAILS' payable at Solapur. (Add Rs. 50 if  
cheque instead of Draft )

**OR**

Transfer online and Inform Transaction ID with date

Account Name	:-	National Association of Interlocking Surgeons
Account type	:-	Savings
Branch	:-	Railway Lines, Solapur
Account No	:-	10140100001970
IFSC Code	:-	BARBORAISHO (5 <sup>th</sup> Character is Zero)

**Signature.**

Seal