



NATIONAL ACADEMY OF BURNS-INDIA

(National Association of Professionals Involved in the Burns care in India)

Regd. Office:A- 122, Vikaspuri, New Delhi-110 018. Phone : 5595533, www.thenabi.org

MEMBERSHIP FORM

(Please fill with ball point pen)

Membership Number

To be filled by NABI office

To
The Secretary-NABI.

Sir,
I wish to apply for the membership of the Academy. I am enclosing a DD / multicity cheque No.....
..... drawn on bank, dated in
favour of "National Academy of Burns-India", payable at New Delhi for Rs.
(In words)

Name : _____
(SURNAME) (FIRST NAME) (MIDDLE NAME)

Residence: _____

City _____ Pincode _____ State _____ Country _____
Phones _____ ; _____ Fax _____
(Country code) (City code) (Tel-residence) (Mobile)

E-mails _____

Work Place: _____

City _____ Pincode _____ State _____ Country _____
Phones _____ ; _____ Fax _____
(Country code) (City code) (Tel-office) (Mobile)

E-mails _____

PROFESSIONAL QUALIFICATIONS:

- 1)Year of passing.....
 - 2)Year of passing
 - 3)Year of passing
- } **Attested photocopies to be enclosed**

TYPE OF MEMBERSHIP REQUIRED

- FULL- LIFE** (MBBS / MS-General Surgery / MC h- Plastic Surgery / DNB- Plastic Surgery / Psychiatrist)
- ASSOCIATE LIFE** (Nursing / Physiotherapist / Occupational Therapist / Social Worker / Dietician / Research / Fire personnel / Others)

MEMBERSHIP FEE:

- Full Life Member----Rs. 7000/--, - Associate Life Member-----Rs. 3500/--

Date _____ Place _____

Signature of the applicant

Enclosures: DD/ at par cheque Attested copies of the Degrees mentioned Passport size picture

Completed form with enclosures to be sent at the following address (ONLY by Courier/ Speed post/ Registered post):

Dr Sameek Bhattacharya
Hony. Secretary NABI
Room Number 218, Administrative Block PGI Building
Department of Burns and Plastic Surgery,
Dr RML Hospital, Baba Kharak Singh Marg
New Delhi 110001
Mobile: 9868188591
Email: nabi.secretary.india@gmail.com