

Minimally Invasive Spine Surgeons Association of Bharat



Membership Form

To,
The Secretary
Minimally Invasive Spine Surgeons Association of Bharat (MISSAB)

Dear Sir,

I wish to join MISSAB as a life member.

First Name: _____ Middle Name : _____ Last Name : _____

Mailing Address : _____

Mobile : _____ Tel : _____ Res. Tel : _____ Fax : _____

Email : _____ Date of Birth : _____

Qualifying Degree : _____ Year & Institution : _____

PG Degree/Diploma : _____ Year & Institution : _____

Place & number of Registration : _____

Present appointment including nature of spinal work : _____

Proposed by: _____ Signature: _____

Seconded by: _____ Signature: _____

Date: _____ Signature: _____

Note: Please scan and send a copy of your degree certificate and medical council registration along with the completed form to the email address : missabharat@gmail.com

Account Details: HDFC Bank
IFSC Code: HDFC0000009

Account No. :- 50200031432898
Branch: Kasturba Road, Bangalore

Secretariat Office:

Bombay Hospital & Medical Research Centre, New Wing, Room No. 206, 2nd Floor,
12, New Marine Lines, Mumbai-400 002. INDIA.