

# 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.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Fax : \_\_\_\_\_ Tel : \_\_\_\_\_ Mobile : \_\_\_\_\_ Res. Tel: \_\_\_\_\_

Email : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Qualifying Degree : \_\_\_\_\_ Year & Institution : \_\_\_\_\_

Post Graduate Degree/Diploma : \_\_\_\_\_ Year & Institution : \_\_\_\_\_

Place & number of Registration : \_\_\_\_\_

Present appointment including nature of spinal work : \_\_\_\_\_

### 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](mailto:missabharat@gmail.com)

**Account Details : HDFC Bank • IFSC: HDFC0000009 • Branch: Kasturba Road, Bangalore**  
**Account No. 50200031432898**

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