



COGNITIVE NEUROSCIENCE SOCIETY OF INDIA (CNSI)

85-13, 4th Cross, Bhavani Layout, Christ School Road,
Bangalore – 560029

<http://www.cnsi.org.in>, contact@cnsi.org.in

REGISTERED IN 2015 AS PER SOCIETIES REGISTRATION ACT XXI OF 1960

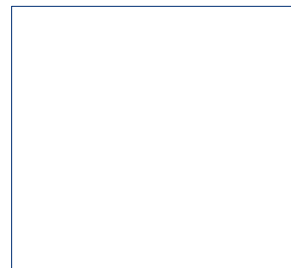
JNR S474-2014-15/JNRS21

APPLICATION FORM FOR MEMBERSHIP

(PLEASE PRINT IN BLOCK LETTERS)

Application for Professional Membership

Associate Membership



Affix Photo

Name.....

Professional Affiliation/Designation.....

Official Address (Address for Correspondence).....

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Email Id

Telephone (Off) (Mobile/O)

Past Appointments if any

(Details).....

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Alternate Postal Address.....

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DEGREE/DIPLOMA.....

ANY OTHER SPECIFY

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DESIGNATION:

NAME OF THE INSTITUTION:

**PARTICULARS OF SPECIALIZATION IN COGNITIVE NEUROSCIENCE (Clinical/Research/Teaching/
Technology Development)**

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PUBLICATIONS (Attach Separate Sheets)

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Special (Core) Clinical/Research Interests

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I am sending a sum of Rsas Annual /Life Term Subscription

by Draft/Cheque No.....by Bank.....Dated.....

in favor of **"Cognitive Neuroscience Society of India"**, payable at Bangalore, (Add Rs-85
as Bank charges for outstation cheques).

- I certify that the particulars given above are correct.
- I am interested in the objectives of CNSI and hereby undertake to abide by the rules of the Society during the tenure of my membership.
- I have attached the copies of my professional certificates to substantiate my specialization in Cognitive Neuroscience

Any other Preferred Mailing Address.....

City..... State.....Pin Code.....

Signature of Applicant.....**Date**.....

Recommended by.....**Membership No**.....

Signature.....

Please send the application form to General Secretary, CNSI at the address given below-

Dr. John P. John
Additional Professor of Psychiatry
National Institute of Mental Health and Neurosciences (NIMHANS)
PB No. 2900, Dharmaram P.O., Hosur Road
Bangalore, India 560 029
Email: jpi@nimhans.ac.in

*** Online Membership payment is coming soon**