



**NSV SI**

**NSV SURGEONS INDIA**  
REGISTERED CHARITABLE TRUST

**MEMBERSHIP FORM**

NAME : .....

**OFFICIAL ADDRESS**

Designation : .....  
Posting : .....  
District : .....  
State : .....  
Pin Code : .....  
Phone : .....

**RESIDENTIAL ADDRESS**

House No. : .....  
Colony : .....  
Town : .....  
District : .....  
State : .....  
Pin Code : .....  
Phone : Land (with code) .....  
Mobile .....  
e-mail : .....

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Enclosed is the draft No. \_\_\_\_\_ dated \_\_\_\_\_ Payable at Delhi  
Bank Name:- \_\_\_\_\_ , Amount : - \_\_\_\_\_ .

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Declaration: - I, Dr. \_\_\_\_\_ am committed to be a member of  
“NSV Surgeons India (NSV SI)” for operation and technical research and services in Family Welfare in  
India.

**Signature**

➤ **(Annual Ordinary Membership (Donor) fee Rs. 1000/- (One Thousand only) in favour of  
“NSV Surgeons India (NSV SI) payable at Delhi**

Address: - Dr. R.C.M. Kaza, Chairman NSV SI, 9/301, East End Apartments, Muyur Vihar Phase I Ext.  
Delhi-110096.  
Mobile No.-9312210987, (0) 011-55284039, Email Address- [rkaza@rediffmail.com](mailto:rkaza@rediffmail.com), [rkaza@nsvsi.com](mailto:rkaza@nsvsi.com)