



Membership Application form
Indian Federation of Neurorehabilitation (IFNR)
Affiliated to World Federation of Neurorehabilitation (WFNR)
Regd. Add: - Surya Neuro Centre, 310, Lotus House,
33/A, New Marine Lines, Mumbai- 400020
Email: - ifnr2012@gmail.com

Photo

Name: _____

Title: _____

Institutes Attached to: _____

Address: _____

Telephone Numbers: _____

Residence _____ Clinic _____

Mobile _____ Fax _____

Email Address: _____

Interested in Membership: a) Yes b) No _____

I am working as: _____

Neurologist Neurosurgeon Orthopedic Surgeon Physiatrist

Physiotherapist Occupation therapist Speech Therapist Social Worker

Clinical Psychologist Orthotics & Prosthetics Other

Indian Federation of Neurorehabilitation:

ACKNOWLEDGMENT

Email: - ifnr2012@gmail.com

Name: _____

Membership Fees (Life Member/Enrollment Fees) (Associate Life Member-Students)
(Rs. 4,000+Rs. 1,000=Rs.5,000/-) (Rs. 1,500+ Rs. 1,000= Rs.2,500/-)

DD/Chq. No. _____ **Amount** _____ **Bank** _____ **Date** _____

Date: _____ **Authorized Signatory:** _____