

Society of Trauma Anaesthesia and Critical Care

Membership Application

Full Name: Dr / Mr / Mrs _____
(In block letters) (Surname) (First Name) (Middle Name)

Age: _____ **Gender:** _____ **Blood Group:** _____

Qualification (University & Year of passing): _____

Registration Number: _____

Place of Work address: _____

Designation: _____ **Email:** _____

Contact Number: _____ **Work Phone:** _____

Residence Address: _____

City: _____ **State/Province:** _____ **Postal Code:** _____

Correspondence Address: _____

City: _____ **State/Province:** _____ **Postal Code:** _____

Note: Please share copy of medical council registration and MD Anaesthesia certificate. Forms to be sent to staccpgi20@gmail.com

Payment Mode (please select one or more):

Cash DD Cheque NEFT Online

Demand Draft (DD) Number: _____ **Date of Issue:** _____

Issuing Bank: _____

Cheque Number: _____ **Date of Issue:** _____

Issuing Bank: _____

NEFT (Bank Transfer) Account Name: Society of Trauma Anaesthesia and Critical Care

Account No.: 2845101010449 **Bank Name:** CANARA BANK **Branch:** Punjab University, Chandigarh

IFSC Code: CNRB0002845

Declaration: I hereby declare that the information provided above is true and accurate to the best of my knowledge. By submitting this membership application, I agree to abide by the rules, regulations, and code of conduct of the Society of Trauma Anaesthesia and Critical Care.

Signature: _____

Date: _____