

# INDIAN STROKE ASSOCIATION

C/o Mercury Nursing Home, 36, Pantheon Road, Egmore, Chennai - 600 008.  
Tel. No. : +91-44-2858 5024, 2855 3434 Fax No. : +91-44-2481 4876  
Email : arjundas@satyam.net.in

Dear Colleagues

Greetings to you all.

There have been excellent studies in stroke in various parts of our country. These have been presented at congresses and printed in journals. Stroke care has changed rapidly due to advances in imaging, therapy and rehabilitation. To bring all neurologists interested in various aspects of stroke we have started Indian Stroke Association (to be affiliated with international stroke council).

I invite you to become life member of this association. The application form for the association membership is enclosed.

Looking forward to hearing from you.

With regards,



Prof. G. Arjundas.  
Chairman

Ps: you can send the application to us for Endorsement of proposer & seconder

# **INDIAN STROKE ASSOCIATION**

## **APPLICATION FORM FOR LIFE / ORDINARY / ASSOCIATE MEMBERSHIP**

Name in full :

Date of Birth :

Sex :

NSI / IAN Membership No. (if Any)

Mailing Address with  
Pin Code No. :

**PHOTOGRAPH**

Telephone No.

Fax No.:

Email:

Qualification:

Past Appointments and Hospital (s) where working:

Signature

Proposed by :

(NSI, IAN, ISA) No.

Signature

Seconded by :

(NSI, IAN, ISA) No.

*Note: A full time worker Neurosurgery can apply for direct enrolment as a Full Member of the Society. (Workers in all other specialties and neurosurgeons in trainee are eligible for Associate Membership.)*

Details of payment

**Life Members Fees Rs. 3000/-**

**Admission Fees Rs.150/-**

Payment to be made to "Indian Stroke Association" payable at Chennai. Draft / Cheque to be sent to: (Please send additional Rs. 100/- for outstation cheques)

Please send a brief CV and a passport size photograph to :

**Prof.G. Arjundas,**

Professor Emeritus Neurology

Mercury Nursing Home,

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*Any change in the mailing address must be communicated to the Secretary and Treasurer.*