



# National Neonatology Forum

**Secretariat:** 803, 8th Floor, A-09, Northex Tower,  
Netaji Subhash Place, Pitampura, New Delhi -110034

Photo

## MEMBERSHIP FORM

**Category of Membership applied for :** Life/Associate Life/Nurse/Foreign/Corporate

Name of the State/Union Territory Branch \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Speciality: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Tele : (O) \_\_\_\_\_ ® \_\_\_\_\_

Mobile \_\_\_\_\_ Email : \_\_\_\_\_

Institute/Hospital/Clinic Address: \_\_\_\_\_

Qualifications	Year of Passing	Name of the University

**(Please attach the copy of your MCI Certificate/State Council Certificate & degree, etc)**

**MCI Registration No.** \_\_\_\_\_

**Personal Details:**

Special Training in Neonatology (if any): \_\_\_\_\_

\_\_\_\_\_

Professional Practice of Neonatology: Full time/Part time Minimal/Any other (specify): \_\_\_\_\_

\_\_\_\_\_

Indicate Your contributions towards promotion of Neonatology (so far): \_\_\_\_\_

\_\_\_\_\_

Present Designation & Official Address: \_\_\_\_\_

\_\_\_\_\_

Areas of Special Interest: \_\_\_\_\_

\_\_\_\_\_

Name your 5 best Publications: \_\_\_\_\_

**Indicate if you can act as a resource person in any of the following fields of Neonatal Care:**

1. Home Care of Newborn	Yes/No	6. Neonatal Nursing	Yes/No
2. Primary Health Care	Yes/No	7. Equipment	Yes/No
3. Nursing Home Set Up	Yes/No	8. Perinatal Care	Yes/No
4. Hospital Care Level II	Yes/No	9. Neonatal Surgery	Yes/No
5. Intensive Care Level III	Yes/No	10. Miscellaneous (if any)	Yes/No

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<b>1. Life/Associate Life Payment:</b>	<b>Rs. 10,000/-</b>
<b>2. Nurse Life</b>	<b>Rs. 5,000/-</b>
<b>3. Overseas members:</b>	<b>US \$ 300</b>
<b>4. Corporate member:</b>	<b>Rs. 1,00,000/-</b>

**I am willing to Contribute 50% amount of my Life Membership Fee towards the NNF Life Membership Corpus Fund.**

**Details of Payment:**

**(Signature of applicant)**

Cash/Cheque/D.D.No/NEFTNo \_\_\_\_\_ ForRs. \_\_\_\_\_ Date \_\_\_\_\_

Drawn on \_\_\_\_\_ Branch \_\_\_\_\_

**Membership Fee to be paid by Cheque/DD drawn in favour of "National Neonatology Forum".**

**Bank Detail for NEFT/RTGS Transfer:**

**Name: National Neonatology Forum**

**Bank Name: Yes Bank Ltd**

**Branch: Ground Floor,Anchor No-2,D Mall,Plot No-1,Netaji Subhash Place,Pitampura,New Delhi-110034**

**Account No-018494600000610, IFSC Code:YESB0000184, Type of Ac: Saving Account**

**(To be Proposed and Seconded by a NNF member)**

Proposer's Name \_\_\_\_\_ 2nd Proposer's Name \_\_\_\_\_

Signature: \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

NNF Life-Membership No \_\_\_\_\_ NNF Life-Membership No \_\_\_\_\_

Comments by Scrutinising Committee: \_\_\_\_\_

**(Signature of applicant)**

**Approved as: Life/Assoc.Life/Nurse/Overseas/Corporate member**

**Verified by:-**

**Approved by:-**

**(NNF Office)**

**(Secretary General)**

**Note:Mail/ Post your Membership Form along with Membership Fees, MCI Certificate, Degrees, etc. to:**

**Secretariat:**

**Secretary General, National Neonatology Forum**

**Off.: 803, 8th Floor, A-9, Northex Tower, Pitampura,Netaji Subhash place  
New Delhi – 110034,Tel: 011-27353535, 08527453535,**

**Email: [secnnf@nnfi.org](mailto:secnnf@nnfi.org), [nnfmembership@gmail.com](mailto:nnfmembership@gmail.com),[info@nnfi.org](mailto:info@nnfi.org)**

**Website: [www.nnfi.org](http://www.nnfi.org)**