



MUSCULOSKELETAL ULTRASOUND SOCIETY
Reg.no. S/1366/Distt. South/2013

Head office: E-7, East of Kailash, ND-65,
Website: www.musdelhi.com
Email: info.secretarymus@gmail.com
Tel: 011 - 26431065

Passport
Size photo

MUSCULOSKELETAL ULTRASOUND SOCIETY

Membership Form

CONTACT INFORMATION *Marked fields are mandatory

Title	First Name	Middle Name	Last Name
Name: *	_____		
Gender: *	Male / Female	Specialty: _____	Date of Birth: _____
Qualification :	_____ MCI / State Reg. No. _____		
Contact No(T) :	_____ Mobile: * _____		
Postal Address: *	_____		
E-Mail: *	_____		
Once Referee, MUS member (optional) Details:			
Name: _____	Membership No: _____		
Tenure: _____			
(Signature of Applicant)			
Name: _____			
Date: _____			

Categories	Course Fee
Membership Fess	₹ 5000/-

OFFLINE PAYMENT OPTIONS: Cheque/ Demand Draft / NEFT / RTGS

I am enclosing a DD/ Cheque / RTGS / NEFT No: _____

Dated: ___/___/____ INR (in words) _____

ACCOUNT DETAILS: (CHEQUE / DD/ NEFT / RTGS)

CHEQUE/ DRAFT IN FAVOUR OF MUSCULOSKELETAL ULTRASOUND SOCIETY PAYABLE AT NEW DELHI

ACCOUNT NAME: MUSCULOSKELETAL ULTRASOUND SOCIETY

ACCOUNT NUMBER: 917010086734194

IFSC CODE: UTIB0000824

SWIFT CODE: AXISINBB824

Secretariat Office Address: Muskuloskeletal Ultrasound Society

Dr. Ankit Shah, Secretary Genral
Gray Scale Imaging, KLS Memorial Hospital, Irla, Vile Parle West, Mumbai, Maharashtra – 400056
Email id - ankitbshah3581@gmail.com / Contact no: 9833158717

For Registration queries kindly

Email: info.secretarymus@gmail.com | Web: www.musdelhi.com

Contact Nilesh Godbole: 9970811429