

MEMBERSHIP FORM

CARDIOLOGICAL SOCIETY OF INDIA- U.P. CHAPTER

1. NAME:-
(In block letters)

2. Address :-
(In block letters)

3. Age:-

4. 5. Sex:-

5. Phone No:-

6. Email ID:-

7. Qualification

Degree	University	Year
.....		
.....		
.....		
.....		

8. Experience

Appointment	Institution	Period	% work in Cardiology
.....			
.....			
.....			
.....			

(Please enclose Photostat or self – certified copies in support of 7 & 8)

9. Membership status in Cardiology Society of India-
Life/Ordinary/ Associate

Membership No:-

10. Membership in other Societies (specify):-

11. Present Employment Teacher/Non-Teaching/Practicing /Non Practicing

12. Details of publications (if any) with title, names of all authors, Journal volume, page year. Attach in separate pages.

Date:-

Signature of the applicant

Please send the application with required enclosures to the Secretary, U.P. Chapter- Cardiological Society of India, Department of Cardiology, King George's Medical University, Lucknow-226003

Membership Fee

- | | |
|----------------------------|------------|
| (a) Associate Life Members | Rs. 5000/- |
| (b) Life Members | Rs. 5000/- |

Fess can be sent in form of Cash/A/C payee cheques/ Demand drafts in favor of **"U.P. Chapter Cardiological Society of India"**.

Cheque /Demand draft no.Dateddrawn on

(For Office use only)

Date of Receipt :-

Recommendation of Executive Committee

Accepted/ Not Accepted (Mention Reason)

(Signature of the Secretary)