

CARDIOLOGICAL SOCIETY OF INDIA

INDIAN HEART HOUSE, P-60, C.I.T. Road, Scheme VII-M, Kankurgachi, Kolkata-700054
Tel : (033) 2355 7837 Fax : (033) 2355 6308 E-Mail : csi@cal2.vsnl.net.in, Website : www.csi.org.in.

Application for Membership

1. Name :
(in block letter).....
2. Address :
(in block letter).....
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PIN..... Tel. No..... Fax No..... Mobile.....
3. Date of Birth:
4. Qualification:

<u>Degree</u>	<u>University</u>	<u>Year</u>
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5.

<u>Experience</u> <u>Appointment</u>	<u>Institution</u>	<u>Period</u>	<u>Percentage of</u> <u>work in Cardiology</u>
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6.

<u>Training Course in Cardiology (if any)</u> <u>Institution</u>	<u>Period</u>	<u>Type of Training / Course</u>
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7. Membership of other Societies (specify)

(Enclose attested copies of your certificates in quadruplicate in support of 4,5, & 6)

The Membership Application Form should be typed and not hand written

8. Details of Publications (if any) with title, names of all authors, Journals, vol., page, year in a separate sheet.
9. Research work to Cardiovascular system (if any) – details in a separate sheet.

Date : _____ Signature of the Applicant _____

Proposed by : Name

Address

.....

.....

Signature

Seconded by : Name

Address

.....

.....

Signature

(Enclose letters from the proposer and seconder (Must be CSI Member) in support of the candidature)

Please complete four copies of this form with required enclosure as indicated under respective items & send to the Hony. General Secretary, Cardiological Society of India, with a **Demand Draft** issued in favour Of the **“Cardiological Society of India”** payable to Kolkata for the amount mentioned below.

A. 1. Life Membership Fee Rs. 5,000/-

2. Admission Fee Rs. 2,000/-

Rs. 7,000/-

(For office use only)

Date of receipt of application:

Recommendation from the Credential Committee:

Date of completion of the procedural formalities:

Date of Executive Committee meeting:

Accepted

Not accepted (mention reason)

Signature of the Secretary