



INDIAN COLLEGE OF CARDIOLOGY

16F, API Bhavan, Millers Tank Bund Area, Vasantnagar, Bangalore - 560 052.

APPLICATION FOR LIFE MEMBERSHIP

1. Name (Use BLOCK Letters)

First Name

Middle Name

Last Name

Paste
Photograph
here

2. Age Years

3. Date of Birth
D D M M Y Y Y Y

4. Address (in BLOCK Letters)

Office :

..... PIN

Residence

.....PIN

Phone - Office : Residence :

Mobile : Email :

Preferred Correspondence Address Office Residence - Tick Choice

5. Qualification (Enclose Certificates)	Degree	University	Year
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6. Experience	Appointment	Institute	Period
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7. Training Course in Cardiology (if any)	Institute	Type of Training	Period
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8. Membership / Fellow of other Societies

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9. Publications & Research (Enclose separate sheet, if required)

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10. Eligibility Criteria (Enclose attested copy of certificates)

DM / DNB (CARD)
 Mch / DNB (CVTS)
 Allied Specialities
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Signature

NOTE :

- 1. Please send the application with attested copies of certificates in duplicate by registered Post A/D + 2 Photos (P.P. Size)
- 2. Enclose brief CV.
- 3. Membership fee Rs. 5,000/- to be sent by account payee D.D. payable to **“Indian College of Cardiology, Bangalore”**
Address it to :
The Hon. Secretary,
“Indian College of Cardiology, Bangalore”
16F, API Bhavan, Millers Tank Bund Area,
Vansantnagar, Bangalore - 560 052.

Signature
PROPOSED BY : Name :

Life Membership No. :

Signature
SECONDED BY : Name :

Life Membership No. :

FOR OFFICE USE ONLY

Date of Receipt of Application

Recommended by Credential Committee

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Accpeted

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