

# 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](mailto:csi@cal2.vsnl.net.in), Website : [www.csi.org.in](http://www.csi.org.in).

## Application for Membership

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

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

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

<u>Training Course in Cardiology (if any)</u>	<u>Type of Training / Course</u>
<u>Institution</u>	<u>Period</u>
  7. Membership of other Societies (specify)
- (Enclose attested copies of your certificates in quadruplicate in support of 4,5, & 6)

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.
10. Type of Membership applied for **Life / Ordinary**.

Date : \_\_\_\_\_ Signature of the Applicant \_\_\_\_\_

Proposed by : Name .....

Address .....

.....

.....

Signature

Seconded by : Name .....

Address .....

.....

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Signature

(Enclose letters from the proposer and seconder in support of the candidature)

Please complete four copies of this form with required enclosure as indicated under respective item & 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/-
	_____
B. 1. Ordinary Membership Fee	Rs. 1,000/- (per annum)
2. Admission Fee	Rs. 2,000/-
	_____
	Rs. 3,000/-
	_____

**(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