

## CARDIOLOGICAL SOCIETY OF INDIA

## **DELHI BRANCH**

CAR	(Application for Membership)							
1.	Name: (In block letter)					_		
2.	Hospital Attachment with Position@:							
3.	Mailing Address:							
	(In block letter)							
			Pin					
	Tele(Office)	T	Tele(Residence)			Mobile@		
	Email @							
4.	Date of Birth							
5.	Qualification:	Qualification:						
	Degree	Degree Uni		University		ear		
6.	Experienc #							
	Appointment as Inst		tution Period		Percentage of work in Cardiology			
					-			
7.	Training Course in Car	uining Course in Cardiology (If any) #						
	Institution	Pe		iod	Type of	Type of Training/Course		
		1						

(Enclosed copies of your certificates) # For non CSI members @Essential for all & 2 Passport Size Photo for CSI ID Card

8.	Membership of other Societies (specify+ Membership Number) (Life Member of CSI mention Membership No. & year. Enclosed copy of certificate)						
9.	Type of Membership applied for Life Membership/Life associate membership						
	Date		Signature of the Applicant				
		: Name  Iembership No)	Signature				
1996 N. O. S.			Signature	Signature			
		Membersh	ip fee				
	A. 1.	Life Membership Fee for	CSI Central Body Member)	Rs.2000/-			
	2.	Admission Fee	<b>2</b> 0, <b>8</b> 0	Rs. 500/-			
			Total	Rs.2500/-			
	1.	Life Membership Fee for	non CSI Central Body Member)	Rs.2000/-			
	2.	Admission Fee	10-x 57	Rs. 500/-			
			Total	Rs.2500/-			
issue	ed in fav	our of "Cardiology Society	rof. K. C. Goswami, Hony. Secretary of India. Delhi Branch" payable at N dated_	New Delhi, to below mentioned			
			(For office use only)				
Date	of recei	ipt of application:					
			nalities :				
Reco	ommend	ation for Executive Committee	ee:				
Non	accepted	d (Mention reason) :		n			
				Signature of the Secreta			

## Prof. K. C. Goswami, Hony. Secretary

Room No. 7/27,Dept. of Cardiology, CT Centre, All India Institute of Medical Sciences, Ansari Nagar, N Delhi-29 Tel:(O)26593379; (M):9811378890; Email:drkcgoswami@rediffimail.com/drkewalgoswami@gmail.com