

PEDIATRIC CARDIAC SOCIETY OF INDIA

MEMBERSHIP APPLICATION FORM

Pediatric Cardiac Society of India
Head office, Room No. 29
Department of Cardiology
All India Institute of Medical Sciences
New Delhi, India 110 029
Tel: 011-26594861
Fax: 011-26588663
E-mail: pcsiheadoffice@gmail.com

I wish to apply for life/associate membership to the Pediatric Cardiac Society of India. I am willing to abide by the rules and regulations of the society. I also understand that the society reserves the privilege to accept/deny membership to me.

Name (*in full capitals*) : **Gender** M/F

Qualifications :
(*Mention Year*)

University :

Present Employment :

Employer Address :

Present Address :

State Pin..... Mobile.....

Tel (*office*) **Tel** (*Res*).....

Fax **E-mail**.....

LIFE MEMBER SUBSCRIPTION: Rs. 5000 (please add Rs 60/- for outstation cheques as bank Charges)

ASSOCIATE MEMBER: Rs. 3000 (please add Rs. 60/- for outstation cheques as bank charges)

ASSOCIATE MEMBER(Non Physician(Nurses, Perfusionist, & Technicians)) Rs. 1000 (please add Rs. 60/- for outstation cheques as bank charges)

Cheque No. Drawn upon..... Dated..... All
cheques/drafts to be made in the name of '**Pediatric Cardiac Society of India**' payable at New Delhi.

Signature of Applicant :

Note: Please fill the form and mail to the above mentioned address along with Cheque/draft. Online entry would only be accepted after receiving the payment. Once accepted, your membership number would be mailed to you.

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Number:.....**Date Received**.....

Status: Accepted / Rejected / Proposed to core group

Membership Number:**Date joined:**

Reason for rejecting: