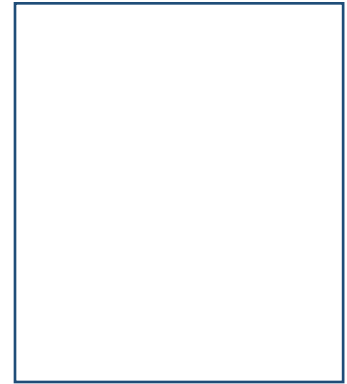




# CARDIOLOGICAL SOCIETY OF INDIA

## DELHI BRANCH

### (Application for Membership)



1. Name:  
(In block letters) \_\_\_\_\_
2. Hospital Attachment with Position: \_\_\_\_\_  
\_\_\_\_\_
3. Mailing Address:  
(In block letters) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Pin \_\_\_\_\_  
Tel (Office) \_\_\_\_\_ (Res) \_\_\_\_\_ Mobile \_\_\_\_\_  
Email \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Qualification:

| Degree | University | Year |
|--------|------------|------|
|        |            |      |
|        |            |      |
|        |            |      |

6. Experience<sup>#</sup>

| Appointment as | Institution | Period | Percentage of work in Cardiology |
|----------------|-------------|--------|----------------------------------|
|                |             |        |                                  |
|                |             |        |                                  |
|                |             |        |                                  |
|                |             |        |                                  |

7. Training Course in Cardiology (If any)<sup>#</sup>

| Institution | Period | Type of Training/Course |
|-------------|--------|-------------------------|
|             |        |                         |
|             |        |                         |
|             |        |                         |
|             |        |                         |

(Enclosed copies of your certificates)

# For non CSI Members

@Essential for all - 2 Passport Size Photo

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

Proposed by: Name \_\_\_\_\_  
(With Life Membership No)

Signature \_\_\_\_\_

Second by : Name \_\_\_\_\_  
(Life Membership No.)

Signature \_\_\_\_\_

### Membership fee

1. Life Membership Fee for CSI Central Body Life Member Complimentary

2. Life Membership Fee for non CSI Central Body Member Rs.2500/-  
(Associate life member)

Completed application may be sent to: Dr. S. Ramakrishnan, Hony. Secretary with a Cheque/Demand Draft issued in favor of “**Cardiological Society of India. Delhi Branch**” payable at New Delhi, to the below mentioned address: (DD/Cheque No. \_\_\_\_\_ dated \_\_\_\_\_)

### (For office use only)

Date of receipt of application: \_\_\_\_\_

Date of Completion of the procedural formalities: \_\_\_\_\_

Date of Executive Committee meeting: \_\_\_\_\_

Recommendation for Executive Committee: \_\_\_\_\_

Accepted: \_\_\_\_\_

Not accepted (Mention reason): \_\_\_\_\_

*Signature of the Secretary*

**Prof. K C Goswami**  
**President**

**Dr. S. Ramakrishnan**  
**Hony. Secretary**

**Address :** Room No. 10, 8th Floor, Department of Cardiology, CT Centre, All India Institute of Medical Sciences, Ansari Nagar, New Delhi-110029 .**Ph.:**+91-11-26593860, (0) **Mobile :** +91-11-9818186179  
**E-Mail :** secretarysidb2015@gmail.com, [ramaaiims@gmail.com](mailto:ramaaiims@gmail.com), **Website :** www.csidelhi.in