]	DELHI	BRANCH		FY OF INDIA	
1.	Name: (In block letters)						
2.	Hospital Attachmen						
3.	Mailing Address: (In block letters)						
						Pin	
						bbile	
4.	Date of Birth						
5.	Qualification:						
	Degree			University		Year	
6.	Experience [#]						
	Appointment as Institu		ition Period		Percentage of work in Cardiolog		
7.	Training Course in	Cardiology ([f any) [#]	1			
	Institution		Period		Type of Training/Course		

9. Type of Membership applied for Life Membe	ership/Life associate membership
Date	Signature of the Applicant
Proposed by: Name	Signature
Second by : Name (Life Membership No.)	Signature
Ν	Iembership 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)
	(Associate life member)
Completed application may be sent to: Dr. Nitis	(Associate life member) h Naik, Hony. Secretary with a Cheque/Demand Draft issue
Completed application may be sent to: Dr. Nitistin favor of "Cardiological Society of India. Del	(Associate life member) h Naik, Hony. Secretary with a Cheque/Demand Draft issue hi Branch " payable at New Delhi, to the below mentione
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