



**CARDIOLOGICAL SOCIETY OF INDIA**  
(Delhi Branch)  
Application for Membership

**APPLYING FOR**

Life membership       Associate membership     

(USE BLOCK LETTERS):

Full Name .....Date of Birth.....

Present Address.....

.....PIN.....

Permanent Address.....

.....PIN.....

Tel :.....Mobile:.....

E-mail.....

National CSI Membership     Yes     No,    if yes, membership no.....

Qualification	Year	University

Experience (In chronological order) (attach separate sheet if required):

**ELIGIBILITY CRITERIA FOR MEMBERSHIP:**

**Life Membership:** DM/ DNB Cardiology, MCh/ DNB Cardiothoracic Surgery, MD/ DNB (Medicine with experience in Cardiology), MRCP & FRCP with membership of National Body.

**Associate Member:** Minimum qualification of MBBS.

*(Please send application with copies of medical degrees, certificates of experience signed by the relevant authority).*

**MEMBERSHIP FEE:**

Life Member:      Rs. 2,500/-      Associate Member:      Rs. 2,500/-

**Cheque/DD should be drawn in favour of "Cardiological Society of India Delhi Branch", payable at Delhi**

**PAYMENT INFORMATION:**

**Cheque/ Demand draft no:.....Date: .....Amount:.....Bank name: .....**

**OFFICE USE ONLY:**

Application received on:

Recommendation from the credential committee:

Date of executive committee meeting:

Final decision::     Accepted     Rejected

Membership no.....

(Sign. of Secretary)

**Please return the completely filled form to:**

Dr. Rakesh Gupta President CSI (Delhi Branch) Jrop Healthcare Pvt.Ltd. C-1/16, Ashok Vihar, Phase-II, Delhi-110052.	Dr. Rakesh Yadav Hony. Secretary E-25, Ayur Vigyan Nagar, August Kranti Marg, New Delhi-110049.
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Tel: 27415646, 27134839

Mob: 98110-13246

Email: [jrop2001@yahoo.com](mailto:jrop2001@yahoo.com) / [rakeshecho@gmail.com](mailto:rakeshecho@gmail.com)

Tel : 011-26263466

Mob: 98680-26888

Email : [rakeshyadav123@yahoo.com](mailto:rakeshyadav123@yahoo.com)