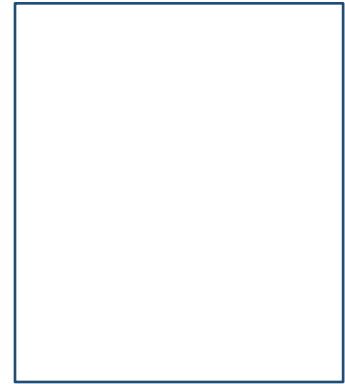




# CARDIOLOGICAL SOCIETY OF INDIA

## DELHI BRANCH

### (Application for Membership)



1. Name:  
(In block letters) \_\_\_\_\_

2. Hospital Attachment with Position: \_\_\_\_\_  
\_\_\_\_\_

3. Mailing Address:  
(In block letters) \_\_\_\_\_  
\_\_\_\_\_

Tel (Office) \_\_\_\_\_ (Res) \_\_\_\_\_ Pin \_\_\_\_\_  
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 mentions 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. Girish MP, 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*

**Dr (Col) C P Roy, VSM  
President- CSI Delhi Branch**

**Dr. Girish MP  
Hony. Secretary- CSI Delhi Branch**

**Address: D-Block, 6<sup>th</sup> Floor, Research Room, and Department Of Cardiology  
GB Pant Institute of Post Graduate Medical Education and Research, New Delhi-110002**

**.Ph. +91-11-23234242Ext-5125, (0) Mobile: +91-11-9891117573**

**E-Mail: secretarycsidb2015@gmail.com, [girishpalleda@gmail.com](mailto:girishpalleda@gmail.com),**

**Website: [www.csidelhi.in](http://www.csidelhi.in)**