



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[#]

Appointment as	Institution	Period	Percentage of work in Cardiology

7. Training Course in Cardiology (If any)[#]

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. Satyavir Yadav, 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 JPS Sawhney
President- CSI Delhi Branch

Dr. Satyavir Yadav
Hony. Secretary- CSI Delhi Branch

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