

CARDIOLOGICAL SOCIETY OF INDIA

BANGALORE CHAPTER

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MEMBERSHIP FORM

Name:		9780			
Address		Photograph			
envices#2		Yoposed By Dr			
Clinic	Central CSI Novemen	Seconded By Or			
Telephone No	Mobile NoE-Ma	il			
Date of Birth	Medical Council Reg.No				
Degree(Chronological Order)	University/Institute	Year			
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	Employment Details:				
Designation	Institution	Period AMAGA			
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Membership of other	Professional Bodies	ADIĐGIC ROJADIJAS		V		
1		2	3.			
4		5	6.			
Type of Membership Applied For: Life Membership/ Associate Life membership						
Date		Signature of the Applicant				
Central CSI Membersh	ip No. of the Applicant					
Proposed By Dr		***************************************	Central CSI No	Signature		
Seconded By Dr		*******************************	.Central CSI No	Signature		
	E-Mail		Mobile Na	Telephone No.		
Date of Receipt of the	Application:					
Status : Accepted/N	lot Accepted					

Signature of the Hon. Secretary

Eligibility Criteria: Life membership Fees: Rs.1000/-:- Should be Life member of Central CSI Kolkata: Eligible to Vote, Contest Elections, Participate in General Body Meetings

<u>Associate Life Membership Fees</u>: Rs.1000/-: Should be P.G.in Medicine/Cardiology/ Allied subjects: Not Eligible to contest Elections/Vote/ Participate in General Body Meetings till he/she becomes Central CSI Member

<u>Payment Mode</u>:- Membership Fee should be paid only through Cheque/Demand Draft/NEFT/RTGS in favor of "Cardiological Society of India, Bangalore Chapter".

S.B.A/C No.: 54018112909

Bank: State Bank Of India, TSP Road Branch, Chamarajpet, Bengaluru-560 018.

IFSC Code: SBIN00700242.