



INDIAN ASSOCIATION OF CLINICAL CARDIOLOGISTS – IACC

"Head Office", Pulikkal PO, PIN 673637, Malappuram
District,
Kerala, India, E-mail: office@accindia.org,

Mob:No: +91 8592 063 952

MEMBERSHIP FORM 2019

1. First Name														
Middle Name							Last name							
2. Address														
City										Pin Code				
Phone							FAX							
Mobile							3. Date of Birth:							
4. Educational Qualification														
Degree			University						Year					
5. Professional Experience														
Appointment			Institution						Duration					
6. Training course done in cardiology (if any)														
Institution				Period					Type of training/ course					

(Please enclose Photostat or self-certified copies of certificates in support of 5 & 6)

7. Membership with other societies (specify)

8. Details of publications (if any)

9. Research work to cardiovascular system (if any)

Date:

Signature of the Applicant

Proposed by:	
Address	

(Please enclose recommendation letter from the proposer.)
Proposer should be a IACC life member

Please complete two copies of this form with required enclosure as indicated under respective items and send to **Head Office Indian Association of Clinical Cardiologists** - with a Demand Draft issued in favour of the "Indian Association of Clinical Cardiologists" payable at Trivandrum for the amount .

Corporate Members	International Academic Member	Life members	Annual Members	Associate Members	Academic Life Members
Rs.5,00,000/-	\$500 USD	Rs.25,000/-	Rs.7,000/-	Rs.10,000/-	Rs.15,000/-
(one time)	(one time)	(one time)	Annually	(one time)	(one time)

Send completed application with DD or Cheque to address below:

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"Head Office", Pulikkal PO, PIN 673637, Malappuram District ,
Kerala, India, E-mail: office@accindia.org,

Mob:No: +91 8592 063 952

For office use only

Date of receipt of application _____

Recommendation from the Credential Committee:

Date of completion of the procedural formalities:

Date of Executive Committee meeting:

Accepted:

Not accepted (mention reason)

Signature of the Secretary

Signature of the President