

## INDIAN ASSOCIATION OF CLINICAL CARDIOLOGISTS – IACC

"VARDAN", c/o Dr. Muneer,Spring Valley Garden Road, Near KIMS Hospital, Anayara.P.O,Trivandrum-695029,Kerala,India

E-mail: office@accindia.org, Phone: 0471-3191414,

Mob:No: 9846959888Fax: +91-471-2382241 www.accindia.org

1. (	Comp	any's	Nam	ne															
PAN	CAR	D No				Re	gistra	ation	Numb	er									
2.	Addr	ess	1	1								1					1	•	
City	1																		
												Pin	Code						
Phone								<u> </u>		FAX		1		1		<u> </u>			<u> </u>
Mob	ile	<u> </u>	J	<u>I</u>	<u> </u>			<u> </u>	1	ļ	<u> </u>	1	<u> </u>		<u> </u>		J		
										Inco	Date orpor	of ation (	of						
										firm:									
4. /	Affiliat	ed U	nivers	sities		Univ	ersity							Year					
5. Afiliated Institutes Appointment					Institution								Duration						
6	۸ ffilio	end A	2000	otions															
6. Affiliated Associations Institution Period						1	Type of training/ course												
monutuum					1 chou							Type of training/ course							
	_	•	•	_		_	•	_		_				•	•	_	_		

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

7. Membership with other soc	ieties (specify)
8. Details of Company	
9. Details of your Chairman a	nd leaders
Date: Sig	nature of the Chairman / Managing Director/ President / Dean e For Seal and Official Company seal or institutional seal
Us	e For Seal and Official Company seal or institutional seal
Proposed by:	
Address	

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

NB:KEEP A COPY OF DD FOR FUTURE COMMUNICATIONS

Please complete two copies of this form with required enclosure as indicated under respective items and send to the President, Indian Association of Clinical Cardiologists - with a Demand <u>Draft issued in favor of the</u> "Indian Association of Clinical Cardiologists" payable at Trivandrum for the amount.

Corporate	Life	Annual	Assoc.	PGT
Members	members	Members	Members	Members
Rs.500000/-	Rs.10000/	2500/	5000/	2000/
(one time)	(one time)	Annually	(Annually)	(one time)

Send completed application with DD or Cheque to address below:

IACC "VARDAN",

c/o Dr. Muneer, Spring Valley Garden Road, Near KIMS Hospital,

Anayara.P.O Trivandrum-695029, Kerala, India E-mail:

office@accindia.org, Phone: 0471-3191414,

Mob:No: 9846959888Fax: +91-471-2382241 www.accindia.org

\*\*\*NB: Keep a Copy of DD always. For Verification purpose IACC office can ask you any time.

## 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