



# INDIAN ASSOCIATION OF CLINICAL CARDIOLOGISTS – IACC

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

Mob:No: +91 8592 063 952

## 1. First Name

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Middle Name

Last name

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## 2. Address

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City

Pin Code

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Phone

FAX

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Mobile

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3. Date of Birth:

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

Send completed application with DD or Cheque to address below:

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**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