



# INDIAN ASSOCIATION OF CLINICAL CARDIOLOGISTS – IACC

"VARDAN", TC-12/127(1) Spring Valley Garden Road, Near  
KIMS Hospital, Anayara.P.O, Trivandrum-695029, Kerala, India  
E-mail: [office@accindia.org](mailto:office@accindia.org), Mob:No: 9446105425, 9846959888  
[www.accindia.org](http://www.accindia.org)

## 1. First Name

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Middle Name

Last name

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## 2. Address

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City

Pin Code

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 **the President, 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:**

DR.MUNEER A.R. (FOR LIFE MEMBERSHIP IACC)  
"VARDAN", TC-12/127(1) Spring Valley Garden Road, Near KIMS Hospital,  
Anayara.P.O,Trivandrum-695029,Kerala,India  
E-mail: [office@accindia.org](mailto:office@accindia.org).  
Mob:No: 9446105425, 9846959888 [www.accindia.org](http://www.accindia.org)

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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