



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

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

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:

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](mailto:office@accindia.org). Phone: 0471-3191414,  
Mob:No: 9846959888Fax: +91-471-2382241 [www.accindia.org](http://www.accindia.org)

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

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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