

## 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

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

7. Membership with other soc	es (specify)	
8. Details of publications (if ar		
C. Detaile of pablications (if all		
O December work to condition	der evetere (if en v)	
9. Research work to cardiova	nar system (ii any)	
Deter	Olympians of the Applicant	
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 <u>Draft issued in favour 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",

VARDAN",

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

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

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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
	<b>,</b>
	Signature of the President