



INDIAN ASSOCIATION OF CLINICAL CARDIOLOGISTS – IACC

IACC Head quarters , 6A2, Samrudhi Venpakal Heights, Kunnukuzhy, Vanchyoor P.O,
Trivandrum, Kerala, India

E-mail: president@accindia.org, Phone: +91-9947016108, Fax: +91-471-2446535

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

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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.)

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 " for the amount .

- | | |
|------------------------|------------|
| 1. Life Membership Fee | Rs. 5000/- |
| 2. Admission Fee | Rs. 1000/- |

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