

INDIAN ASSOCIATION OF CLINICAL CARDIOLOGISTS – IACC

IACC Head quarters , TC 64/2043/1,SUPRIYA, Menilam ,Thiruvallom, Trivandrum, Kerala, India.695024

E-mail: office@accindia.org, Phone: 0471-3191414, Fax: +91-471-2382241

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| 1. | First N | Name | | | | | | | | | | | | | | | | | |
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| 5. | Profes | ssiona | I Expe | rience | 9 | | | | | | | | | | | | | | |
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| 6. | Traini | ng coi | urse d | one ir | n cardio | ology Peri | (if any | /) | | | | | | Туре | of tra | ining/ | cours | se | |
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(Please enclose Photostat or self-certified copies of certificates in support of 5 & 6)

| 7. Membership with other socie | ies (specify) |
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| 8. Details of publications (if any | |
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| 9. Research work to cardiovascu | ar system (if any) |
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| Proposed by: | |
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(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 |
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| President, Indian Association of Clinical Cardiologists -, with a Demand Draft issued in favour of the "Indian |
| Association of Clinical Cardiologists _for the amount . |

| Life Membership Fee | Rs. 5000/- | |
|--|----------------------------|--|
| 2. Admission Fee | Rs. 1000/- | |
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| | For office use only | |
| Date of receipt of application | | |
| Recommendation from the Credential Commi | | |
| Date of completion of the procedural formaliti | | |
| Date of Executive Committee meeting: | | |
| Accepted: | | |
| Not accepted (mention reason) | | |
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| | Signature of the Secretary | |
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| | Signature of the President | |