



# PEDIATRIC CARDIAC SOCIETY OF INDIA

## FOR OVERSEAS - MEMBERSHIP APPLICATION FORM

Pediatric Cardiac Society of India  
 Head office, Room No. 29, 7th Floor  
 Department of Cardiology  
 All India Institute of Medical Sciences  
 New Delhi, India 110 029  
 Tel: 011-26594861  
 E-mail: pcsiheadoffice@gmail.com

I wish to apply for life/associate membership to the Pediatric Cardiac Society of India. I am willing to abide by the rules and regulations of the society. I also understand that the society reserves the privilege to accept/deny membership to me.

**Name** (in full capitals) : ..... **Gender** M/F

**Qualifications** : .....  
 (Mention Year)

**University** : .....

**Present Employment** : .....

**Employer Address** : .....

**Present Address** : .....

**State** ..... **Pin**..... **Mobile**.....

**Tel (office)** ..... **Tel (Res)**.....

**Fax** ..... **E-mail**.....

<b>Membership fee</b>	
<b>LIFE MEMBER SUBSCRIPTION:</b>	<b>200 USD</b>
<b>ASSOCIATE MEMBER:</b>	<b>100 USD</b>
<b>ASSOCIATE MEMBER (Non Physician, (Nurses, Perfusionist, &amp; Technicians))</b>	<b>100 USD</b>

**Date:**.....

**Place:**.....

**Signature of Applicant:**

<b>FOR OFFICE USE ONLY</b>	
<b>Number:</b> .....	<b>Date Received:</b> .....
<b>Status:</b> Accepted / Rejected / Proposed to core group	
<b>Membership Number:</b> .....	<b>Date joined:</b> .....
<b>Reason for rejecting:</b> .....	