



CARDIOLOGICAL SOCIETY OF INDIA – RAJASTHAN BRANCH

15, ARJUN PURI, IMLI FATAK, JYOTI NAGAR, JAIPUR, RAJASTHAN – 302005, INDIA

Website : www.csirajasthan.com Email : info@csirajasthan.com Mobile No. : +91 9414250934

Application for Membership

Name :

(in block letter)

Father's Name :

(in block letter)

Address :

(in block letter)

City _____ State _____ Country _____

PIN code

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Date of Birth

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Contact No.

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Tel. No _____

Email : _____

Gender Male Female

Membership type Life Annual

Membership fee Cash Cheque DD IMPS/NEFT/RTGS

Mention Cheque / DD / IMPS/ NEFT/
RTGS No. _____

Date _____

Membership number of Cardiological Society of India (if available) _____

Date : _____

Signature of the Applicant: _____



Please complete this form with required enclosure as required under respective items and send to Secretary of Cardiological Society of India – Rajasthan branch (**Address : 15, Arjun Puri, Imlı Fatak, Jyoti Nagar, Jaipur Rajasthan – 302005, Mobile No. : +91-9414250934**) with Cheque / Demand Draft issued in favour of the “Cardiological Society of India – Rajasthan branch” payable to Jaipur branch for the amount mentioned below or transection details if IMPS/NEFT/RTGS.

Bank details for IMPS/NEFT/RTGS

Bank Name : ICICI Bank.
Account Name : CSI (Cardiological Society of India) – Rajasthan.
Account No. : 675001702126
IFSC Code : ICIC0006750
Bank Address : S.M.S. Hospital, Jaipur, Rajasthan.
PAN No. : AADAC0344B

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|--------------------------|-------------|
| 1. Life Membership Fee | Rs. 3,500/- |
| 2. Annual Membership Fee | Rs. 1500/- |

(for office use only)

Date of receipt of application : _____
Date of completion of procedure formulation : _____
Accepted : Yes No
If accepted (mention membership no.) : _____
Not accepted (mention reason) : _____

Signature of Secretary
