Clinical Cardio Diabetic Society of India

CCDSI Clinical Cardio Diabetic Society of India

Photo

APPLICATION FORM FOR MEMBERSHIP
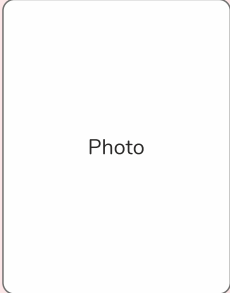
Form No. : _____

(Please write in Block Letters)

Title - Dr. ☐ Prof. ☐   (Please tick as appropriate)

Name : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Age: ☐ Gender : Male ☐ Female ☐ Nationality : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Qualifications : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

MCI/State Medical Council Registration No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Address : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Mob. No : ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐

Email ID : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Type of Membership: Life Member ☐   Life Associate Member ☐

Payment of Membership Fee:

1. Bank Draft / Cheque No. : _____ Dated : _____

   Bank Name & Branch : _____ , Or

2. Direct transfer to CCDSI Account (IMPS/NEFT/RTGS) :

   Reference No. : _____ Dated : _____ Bank Name & Branch : _____

CCDSI Account Details :
A/C No: **02840110058008**
UCO Bank, Gaya Branch, IFSC : **UCBA0000284**

_____
Signature of Applicant

Proposer Name : _____ Seconder Name : _____
Membership No. : _____ Membership No. : _____

Signature : _____ Signature : _____

TYPES OF MEMBERSHIP

1. **Life Member:** All clinicians with MD/DNB in medicine or Paediatrics can become Life Member by paying ₹ 5000/-INR.

2. **Life Associate Member:** All clinicians with PG in other specialties or MBBS of 10 years duration or more & PG-Students can become Associate Life Member by paying ₹ 4000.00.
   (The above fee includes ₹ 1000.00 as state share)

Enclosures: Please enclose a copy of

1. Post Graduation Degree
2. MCI/State Medical Council registration number