

**CARDIOLOGICAL SOCIETY OF INDIA
(Kerala Chapter)**

APPLICATION FOR MEMBERSHIP

Name :
(in block letter)

Age : Sex :

Registration No. :

Date of Birth :

Qualifications :

DM Passed out year & Month :

Hospital Address :

House Address :
(in block letter)

Email ID :

Mobile Number :

Are you a member of CSI (Central)?
If not, have you put in an application?

I ----- am willing to become a member of the
CSI (Kerala Chapter). If I am made a member, I shall abide by the rules and regulations of the
Society. I am enclosing Rs. 2,500/- as my membership fee.

Place :

Date :

Signature of the Applicant

OFFICE USE

Membership No-

Recommendations-

Accepted-