

FELLOWSHIP IN CARDIAC CRITICAL CARE (FICCC)

Candidate Affiliation Form/Life Membership Form

TO BE FILLED IN BLOCK LETTERS

Date: ___/___/___

FIRST NAME* _____

MIDDLE NAME _____

LAST NAME* _____

AGE _____ SEX _____ DATE OF BIRTH _____

NATIONALITY _____ QUALIFICATION/S _____

DATE OF JOINING _____

NAME OF THE INSTITUTION* _____

DESIGNATION: _____

OFFICIAL ADDRESS*: _____

_____ State _____ Pin _____

ADDRESS FOR CORRESPONDENCE*: _____

_____ State _____ Pin _____

Tel (Res): _____ Office: _____ Fax No. _____

(Mob) _____ E mail: _____

EXAM CENTER: - MEDANTA - THE MEDICITY, GURGAON, HARYANA

BANK DRAFT/CHEQUE NO/CASH/NEFT: _____ Amount - 43,200/- (Inclusive all taxes)
(Drawn in favour of TSS, payable at SBI, AIIMS Campus, Ansari Nagar, New Delhi)

PAYMENT DETAILS

- ☞ Cheque/DD should be in the name of "The Simulation Society (TSS)", payable at New Delhi.
- ☞ **Electronic Transfer (as RTGS/NEFT)**
- ☞ **State Bank of India** - AIIMS Campus Branch (Branch Code: 1536), New Delhi,
- ☞ **Account No:** 35912170659
- ☞ **Account Name:** TSS - THE SIMULATION SOCIETY,
- ☞ **IFS Code:** SBIN001536 (used for RTGS and NEFT transactions)

-----S E N D T O-----

Office Secretariat - TSS- New Delhi

E-969, LGE, CHITTRANJAN PARK, New Delhi - 110019

(M) - 9818193507, 01126593858

E-mail - thesimulationsociety@gmail.com