

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: _____

TENURE - 17TH JANUARY 2016 TO 17TH DECEMBER 2016

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

BANK DRAFT/CHEQUE NO/CASH/NEFT: _____ Amount - 25,000/-
(Drawn in favour of TSS, payable at SBI, AIIMS Campus, Ansari Nagar, New Delhi)

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

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