

# FELLOWSHIP IN ADVANCED ECHOCARDIOGRAPHY

## 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: \_\_\_\_\_

**Last date for Registration - 31<sup>st</sup> January 2017**

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

### **PAYMENT OPTIONS**

BANK DRAFT/CHEQUE NO/CASH/NEFT: \_\_\_\_\_ Amount - 30,000/-  
(Drawn in favour of TSS, payable at SBI, AIIMS Campus, Ansari Nagar, New Delhi)

### **FOR Electronic Transfer (as RTGS/NEFT)**

State bank of India - AIIMS, campus Branch (Branch Code: 1536), New Delhi

Account No: 35912170659

Account Name: The Simulation Society (TSS)

IFS Code: SBIN001536

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

Office Secretariat - TSS- New Delhi

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

(M) - 9818193507, 01126593858

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