

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

Paste your recent  
Photo here  
(Do Not Staple)

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

### **PAYMENT OPTIONS**

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)

### **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: SBIN0001536**

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

**Office Secretariat - TSS- New Delhi**

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

**(M) - 9818193507, 01126593858**

**E-mail - [thesimulationsociety@gmail.com](mailto:thesimulationsociety@gmail.com)**