

**FELLOWSHIP IN EXTRACORPOREAL
MEMBRANE OXYGENATION (FIECMO) 2019**
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: _____

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

Office Secretariat - TSS- New Delhi

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

(M) - 9818193507, 01126593858

website: www.thesimulationsociety.net, E-mail - thesimulationsociety@gmail.com

