

ISHR-India Section Membership Form

Name of Applicant: _____

Designation and Affiliation: _____

Educational Qualifications: DM/PhD (ANY ONE OF TWO IS ESSENTIAL FOR LIFE MEMBERSHIP)

Date of Birth: _____ Gender: M/F

Address: _____

Mobile: _____

Email: _____

If Student (for Associate membership), pursuing M.Sc./MD/DM/PhD: _____

Name & Address of Institute: _____

Reference Name (Mandatory for Life Member): _____ Phone: _____

Why do you want to join ISHR: _____

Please tick the relevant box for membership type: *Life Associate

*Life member should also send **five recent publications** in the field of cardiovascular sciences

LIFE MEMBERSHIP FEE is Rs. 5000 (one time) and ASSOCIATE MEMBERSHIP FEE is Rs. 1500 per year

Associate membership is annual and is renewable every year with payment of fee. The filled form should be sent to gensecishrindia@gmail.com

Signature of applicant _____

Authorized signatory (Information verified) _____

(FOR OFFICE USE ONLY)

Life Associate

Membership No: _____ Date of Registration: _____

Fee received:

Signature of General secretary