MEMBERSHIP APPLICATION FORM

Personal Information

First Name: ____________________________________________

Last Name: ____________________________________________

Date of Birth: __________________________ Sex: ☐ Male ☐ Female

Designation: ____________________________________________

Mailing Address:

________________________________________________________________________

City: __________________________ Zip Code: ______________

State: __________________________ Nation: __________

E-mail: ________________________________________________

(MANDATORY PLEASE IMMEDIATELY SEND TEST EMAIL AT membership@ihrs.in FOR RECORDING YOUR CORRECT EMAIL ID IN RECORDS)

Mobile: __________________________ Office: __________

Qualification:

________________________________________________________________________

 Degrees:

________________________________________________________________________

Universities:

________________________________________________________________________

Year: __________________________

Training Courses in Cardiology:

________________________________________________________________________

________________________________________________________________________
Institution:

Period:

Type of Training / Course:

Training in Electrophysiology / Pacing:

Experience: _____ Years _____ Months

Present Appointment:

Membership of other Societies (Specify):

Draw Cheque/DD payable at Mumbai in favour of “Indian Heart Rhythm Society” Membership Category

- Life Member
- Associate Member
- International Member
- Industry Member

Certificate:  
- DM/DNB
- DM/DNB

Note for Proposer: to the best of our knowledge and belief the above particulars are correct and we consider him/her a fit proper person to be admitted as a member of Indian Heart Rhythm Society.

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<thead>
<tr>
<th>Proposed By:</th>
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<tbody>
<tr>
<td>Name of Member:</td>
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<tr>
<td>Membership No.:</td>
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<td>Proposer Email:</td>
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<td>Proposer Mobile:</td>
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<tr>
<th>For Office Use:</th>
<th>Allotted Membership No.:</th>
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<tr>
<td>Receipt No.:</td>
<td>Signature of Applicant</td>
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<tr>
<td>Received Date:</td>
<td>Approved Date</td>
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<tr>
<td>Payment: Cheque / Demand Draft / Cash / NEFT - RTGS</td>
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<td>Bank:</td>
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<td>Total Amount:</td>
<td>Date:</td>
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DECLARATION

I, __________________________

Hereby solemnly and sincerely declare that, to the best of my knowledge and belief, the above particulars given by me are true and correct. In case if any of the above information is found to be incorrect, it may lead to cancellation of my membership.

Sign: __________________________
Name: __________________________
Date: __________________________
Place: __________________________

MEMBERSHIP CATEGORIES AND GUIDELINES

1. Members - Full time life members with voting rights: All those with DM/DNB cardiology qualification or equivalent and interest in arrhythmia/EP: Fees Rs 10,000.
2. Associate Members - DM/DNB/Fellows during training period. Fees Rs 3,000. No voting rights.
3. International Members: Overseas doctors with appropriate qualification and interest in arrhythmias. No voting rights. Fees 300$.
4. Industry members: Industry personnel associated with arrhythmology can become members. Membership is non-transferable. No voting rights. Fees 25,000.
5. Any Associate Members who become eligible for Full time life membership (on completion of training period), need to pay only the balance of Rs 7,000 (10,000 - 3,000) if this is one within 1 year after completion of training. If the application for Full time life membership is received after expiry of one year of their entry as Associate Members, the full fees (viz Rs 10,000) shall apply.
6. Membership application needs to be endorsed by two IHRS Members.
7. The application forms received by the office of Vice President, IHRS would need to be finally approved by the credentialing Committee (comprising of President, Secretary and Joint Secretary, IHRS).

Please print this form and send appropriate DD/Cheque in favor of “Indian Heart Rhythm Society”, and send through post to the following Address:

Dr Anil Saxena
Director, Cardiac Pacing & Electrophysiology
Fortis Escorts Heart Institute
Okhla Road, New Delhi, 110025 INDIA
Secretary, Indian Heart Rhythm Society
Mobile: +91 9810025511
Email: anil.saxena@hotmail.com
Secretary: +91 9910665566 (Ms Kumkum Sharma)