

MEMBERSHIP APPLICATION FORM



Indian **Heart** Rhythm Society

PLEASE  
STICK YOUR  
PASSPORT SIZE  
PHOTOGRAPH  
Note: Staple 1  
additional photo  
for Identity Card

**Personal Information**

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:**  Male  Female

**Designation:** \_\_\_\_\_

**Mailing Address:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Nation:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Office:** \_\_\_\_\_

**Qualification:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Degrees:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Universities:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Year:** \_\_\_\_\_

**Training Courses in Cardiology:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Institution:**

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**Period:**

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**Type of Training / Course:**

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**Training in Electrophysiology / Pacing:**

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**Experience:** \_\_\_\_ Years \_\_\_\_ Months

**Present Appointment:**

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**Membership of other Societies (Specify):**

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**Draw Cheque/DD payable at New Delhi 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.

<p><b>Proposed By:</b></p> <p>Name of Member: _____</p> <p>Membership No.: _____</p> <p>Proposer Email: _____</p> <p>Proposer Mobile: _____</p> <p>Signature: _____</p>
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<p><b>Proposed By:</b></p> <p>Name of Member: _____</p> <p>Membership No.: _____</p> <p>Proposer Email: _____</p> <p>Proposer Mobile: _____</p> <p>Signature: _____</p>
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<p><b>For Office Use:</b></p> <p>Receipt No.: _____</p> <p>Received Date: _____ Approved Date _____</p> <p>Payment: <b>Cheque / Demand Draft / Cash / NEFT - RTGS</b></p> <p>Bank: _____</p> <p>Total Amount: _____ Date: _____</p>
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<p><b>Allotted Membership No.:</b></p> <p>_____</p>
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<p>_____</p> <p style="text-align: center;"><b>Signature of Applicant</b></p>
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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 + 18% GST
2. Associate Members - DM/DNB/Fellows during training period. Fees Rs 3,000 + 18% GST. 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 + 18% GST (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 favour of **“Indian Heart Rhythm Society”**, and send through post to the following Address:

### **Dr. Vanita Arora**

Director & Head

Cardiac Electrophysiology lab & Arrhythmia Services,

Sr. Consultant Cardiac Electrophysiologist & Interventional Cardiologist,

Max Healthcare Super Speciality Hospital, New Delhi 110017.

Secretary - Indian Heart Rhythm Society.

**Mobile:** - +91 – 9818569111 **Email:** - [aroraheartrhythmdoc@gmail.com](mailto:aroraheartrhythmdoc@gmail.com)

**Secretariat Address:** - Flat No-89, Pocket-1, Sector-09, DDA Flats, Dwarka New Delhi – 110075.

**Mobile:** - +91 – 9810123510 **Email:** - [ihrs@outlook.com](mailto:ihrs@outlook.com)