

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:

Period:

Type of Training / Course:

Training in Electrophysiology / Pacing:

Experience: ____ Years ____ Months

Present Appointment:

Membership of other Societies (Specify):

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.

Proposed By:
Name of Member: _____
Membership No.: _____
Proposer Email: _____
Proposer Mobile: _____
Signature: _____

Proposed By:
Name of Member: _____
Membership No.: _____
Proposer Email: _____
Proposer Mobile: _____
Signature: _____

For Office Use:
Receipt No.: _____
Received Date: _____ Approved Date _____
Payment: Cheque / Demand Draft / Cash / NEFT - RTGS
Bank: _____
Total Amount: _____ Date: _____

Allotted Membership No.:

_____ Signature of Applicant
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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

Senior Consultant

Cardiac Electrophysiologist & Interventional Cardiologist,

Department of Cardiac Pacing & Electrophysiology,

Apollo Hospital, New Delhi

Secretary - Indian Heart Rhythm Society.

Mobile: - +91 – 9818569111 **Email:** - aroraheartrhythmdoc@gmail.com

Secretariat Address: Dr. Vanita Arora, Department of Cardiac Electrophysiology & Pacing, Gate No. 2, Room No. 1041, Indraprastha Apollo Hospital, Mathura Road, New Delhi - 110076

Mobile: - +91 8287679756 ; Email: ihrs@outlook.com