Life/ Associate Membership No

**MEMBERSHIP APPLICATION FORM** 



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	
Mailing Address:		
City:	Zip Code:	
State:		
E-mail:		
Mobile:	•	
Qualification:	0	
Degrees:		
Universities:		
Year:		
Training Courses in Cardiology:		

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Period:	
Type of Training / Course:	
Training in Electrophysiology / Pacing:	
Experience: Years Months	
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Present Appointment:	
Membership of other Societies (Specify):	
Draw Cheque/DD payable at New Delhi in favour of "Indian	
Draw Cheque/DD payable at New Delhi in favour of "Indian	
Draw Cheque/DD payable at New Delhi in favour of "Indian	al Member
Draw Cheque/DD payable at New Delhi in favour of "Indian  Life Member Associate Member Internation Certificate: DM DNB Note for Proposer: to the best of our knowledge and belief t	al Member
Draw Cheque/DD payable at New Delhi in favour of "Indian         □ Life Member       □ Associate Member       □ Internation         Certificate:       □ DM       □ DNB         Note for Proposer:       to the best of our knowledge and belief t consider him/her a fit proper person to be admitted as a mer         Proposed By:	al Member  Industry Member he above particulars are correct and we mber of Indian Heart Rhythm Society.
Draw Cheque/DD payable at New Delhi in favour of "Indian         □ Life Member       □ Associate Member       □ Internation         Certificate:       □ DM       □ DNB         Note for Proposer:       to the best of our knowledge and belief t consider him/her a fit proper person to be admitted as a mericipation	al Member
Draw Cheque/DD payable at New Delhi in favour of "Indian         □ Life Member       □ Associate Member       □ Internation         Certificate:       □ DM       □ DNB         Note for Proposer:       to the best of our knowledge and belief t consider him/her a fit proper person to be admitted as a mer         Proposed By:       Name of Member:	al Member
Draw Cheque/DD payable at New Delhi in favour of "Indian   Life Member   Associate Member   Internation   Certificate:   DM   DNB   Note for Proposer: to the best of our knowledge and belief t consider him/her a fit proper person to be admitted as a mericipation of Member:   Name of Member: Membership No.: Proposer Email:	al Member Industry Member   the above particulars are correct and we mber of Indian Heart Rhythm Society.   Proposed By:   Name of Member:   Membership No.:   Proposer Email:
Draw Cheque/DD payable at New Delhi in favour of "Indian   Life Member Associate Member   Internation   Certificate: DM   DNB   Note for Proposer: to the best of our knowledge and belief t consider him/her a fit proper person to be admitted as a merical proposed By: Name of Member: Membership No.: Proposer Email: Proposer Mobile:	al Member Industry Member   the above particulars are correct and we mber of Indian Heart Rhythm Society.   Proposed By:   Name of Member:   Membership No.:   Proposer Email:   Proposer Mobile:
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Draw Cheque/DD payable at New Delhi in favour of "Indian   Life Member   Associate Member   Internation   Certificate:   DM   DNB   Note for Proposer: to the best of our knowledge and belief t consider him/her a fit proper person to be admitted as a menor proposed By:    Name of Member:   Membership No.:   Proposer Email:   Proposer Mobile:   Signature:   For Office Use:	al Member Industry Member   he above particulars are correct and we mber of Indian Heart Rhythm Society.   Proposed By:   Name of Member:   Membership No.:   Proposer Email:   Proposer Mobile:   Signature:
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## DECLERATION

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**

- Members (Full time life members) Who are actively performing pacing or electrophysiology procedures after completion of 2 years of their cardiology degree (DM, DNB or equivalent international board certification). Members will have full voting rights: Fees Rs 10,000 plus taxes.
- 2. Associate Members Cardiologists, who are actively performing treatment of cardiac rhythm disorder but have not completed 2 years since their degree. Associate members can apply for full membership after completion of 2 Years from the date of cardiology degree (DM, DNB or Equivalent). Associate members will not have voting rights. Fees Rs 3,000 plus taxes. No voting rights.
- 3. International Members: Overseas Cardiologists, who are actively performing pacing or electrophysiology procedures after completion of 2 years of their equivalent international board certification No voting rights. Fees 300\$ plus taxes.
- 4. Industry members: Medical Industry will nominate their technical experts and marketing persons as "Associate Members. Membership is non-transferable. No voting rights. Fees 25,000 plus taxes.
- 5. Any Associate Members who become eligible for Full time life membership (on completion of eligible period), need to pay only the balance of Rs 7,000 plus taxes. (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 plus taxes.) shall apply.
- 6. Membership application need to be endorsed by two IHRS Members.
- 7. Please sent the completely filled form to IHRS office, Or you can fill it online.

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

Prof Rakesh Yadav Prof of Cardiology AIIMS, New Delhi **Secretary - Indian Heart Rhythm Society** Mobile: - +91 – 9868026888 Email: - ihrssecretary@gmail.com

**Secretariat Address:** Prof Rakesh Yadav, Room No. 22, 7<sup>th</sup> Floor, Dept of Cardiology, C T Centre, All India Institute of Medical Sciences, Ansari Nagar, New Delhi India – 110029

Mobile: +91 8287679756; Email: ihrssecretary@gmail.com