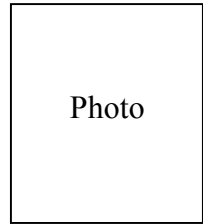


INTERVENTIONAL CARDIOLOGY COUNCIL OF KERALA (ICCK)

Application for Life Membership



Name (Use Block Letters) :

Age :

Date of Birth :

Address :

Office	Residence

Telephone (Landline) :

Mobile :

E-Mail :

Qualification :

Degree	Year	University

Place of work in Kerala :

Experience in Intervention : (Please attach separate sheets if space is not sufficient)

Coronary

Non Coronary

Membership / fellow of other societies

Publication / Research

Eligibility Criteria

1. DM / DNB (Cardio)
2. Other Equivalent Degree

Membership fees Rs.1000/- by DD in favour of ICCK payable at

Signature

For Office Use

Date of receipt of application :

Recommended by the committee :

Membership Number :