



# Indian Association of Cardiovascular-Thoracic Surgeons (IACTS)

Your recent passport size picture, please.

## MEMBERSHIP REGISTRATION FORM

Please fill legibly in **BLOCK** letters

1.	Name (in full)	
2.	Qualification	
3.	Specialty	
4.	Designation	
5.	Date of birth	
6.	Gender	

Please choose one address for communication (this will be considered as main contact information—all correspondence will be to this address—including letters, emails, SMS, alerts, calls)

7.	<input type="checkbox"/>	<b>1. Address 1 (Official)</b> (Institution/Hospital/Clinic)	
	a.	Email ID	
	b.	Landline phone (with code)	
	c.	Mobile (with code)	
	d.	Fax (with code)	
	<input type="checkbox"/>	<b>2. Address 2 (Residence)</b>	
a.	Email ID		
b.	Landline phone (with code)		
c.	Mobile (with code)		



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8.	Medical council registration number	
9.	Place of registration	

10.	<b>a. Basic Degree (MBBS)</b>	
	b. Year of joining	
	c. Year of passing	
	d. College /Institution	
	e. Degree awarded by	
11.	<b>a. Degree (General Surgery)</b>	
	b. Year of joining	
	c. Year of Passing	
	d. College /Institution	
	e. Degree awarded by	
12.	<b>a. Degree (Cardiovascular and Thoracic Surgery)</b>	
	b. Year of joining	
	c. Year of Passing	
	d. College /Institution	
	e. Degree awarded by	

13.	<b>Other (degrees/qualifications)</b>	
	a.	b.
	c.	d.
	e.	f.



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<b>14. Membership category applied for</b>	
a. Life Member <input type="checkbox"/>	d. Life Member (by upgrade) <input type="checkbox"/> For existing Associate Members only. Please provide existing membership number _____
b. Associate Member (cardiac) <input type="checkbox"/>	e. Associate Member (non-cardiac) <input type="checkbox"/>
c. Overseas Life Member (SAARC countries) <input type="checkbox"/>	f. Overseas Life Member (non-SAARC countries) <input type="checkbox"/>

<b>15. Membership proposed and seconded by (two Life Members/Fellows of IACTS)</b>	
<b>a. Proposed by</b>	<b>b. Seconded by</b>
Name _____	Name _____
Membership no. _____	Membership no. _____

<b>16.</b>	<b>Declaration (by applicant)</b>
	I hereby accept to abide by the rules, regulations and bylaws of the IACTS as per the constitution and as revised from time to time.
	Signature: _____ Date: _____

<b>17. Membership payment details</b>				
	<b>Mode of payment</b>	<b>Amount</b>	<b>Cheque/DD/online receipt number</b>	<b>Date</b>
	a. Cash			
	b. Cheque			
	c. Demand draft			
	d. Online bank transfer			



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18.	<b>Membership fee details</b>	
	a. Life Member	One-time fee of INR 5,000.00
	b. Life Member (by upgrade)	INR 3,000.00 (existing Associate Members only)
	c. Overseas Life Member (SAARC countries)	One-time fee INR 5,000.00
	d. Overseas Life Member (Non-SAARC countries)	USD 600.00
	e. Associate Member (cardiac)	One-time fee of INR 3,000.00
	f. Associate Member (non-cardiac)	One-time fee of INR 3,000.00

19.	<b>a. Bank details</b>	<b>b. Cheque/DD</b>
	Account Name: IACTS Ac General Fund Name of the bank: Central Bank of India Branch: Mumbai Central Branch Account Number: 00001026896703 IFSC Code: CBIN 0280601	Cheque or DD should be in favour of "IACTS" (payable at Mumbai)

20.	<b>Checklist</b>
a.	<input type="checkbox"/> Completed membership registration form with signature, first three pages printed back to back
b.	<input type="checkbox"/> Cash, cheque, demand draft or online payment receipt
c.	<input type="checkbox"/> Self attested copy of MBBS degree certificate
d.	<input type="checkbox"/> Self attested copy of medical council registration certificate
e.	<input type="checkbox"/> Self attested copy of MS/DNB degree certificate
f.	<input type="checkbox"/> Self attested copy of MCh/DNB degree certificate (if applicable)
g.	<input type="checkbox"/> Self attested copies of other educational certificates (if details provided for Sl. No. 13)
h.	<input type="checkbox"/> Letter of proposal (signed by two Life Members/Fellows of IACTS)
i.	<input type="checkbox"/> Letter from Head of Department (if applying for Associate Membership)