



MEMBERSHIP FORM (For Associate Membership)

SOCIETY OF PEDIATRIC AND CONGENITAL HEART SURGEONS

Address: C-36, Sector-19, Noida, Uttar Pradesh-201301, India

Personal information

Name

D.O.B.

Gender

Contact No.

email:

Address.....

Professional information

Medical Speciality.....

Medical Council Reg. No.

Name of Centre.....

Designation (Practice/Job).....

Address.....

Qualification

Membership Opted

1. Hony Membership

3. Jr. Membership

2. Active Membership

4. Associate Membership

Bank Details

Account Name: SOCIETY OF PEDIATRIC AND CONGENITAL HEART SURGEONS
Account number: 6211860099
CRN: 262561919
Bank Address: Kotak Mahindra Bank, A-3/3 Sector 110, NOIDA, UP-201301
IFSC Code: KKBK0005030, SWIFT CODE: KKBKINBB

Signature

In case of any query, please contact us

☎ +91 99992 79296

✉ indiansocietypchs@gmail.com

"I hereby declare that the above information is true to be best of my knowledge. I will abide by the By-Laws of the association.