



# **MEMBERSHIP FORM** (For Active 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.