

FELLOWSHIP IN ADVANCED ECHOCARDIOGRAPHY

Candidate Affiliation Form/Life Membership Form

TO BE FILLED IN BLOCK LETTERS

Date: ___ / ___ / ___

FIRST NAME* _____

MIDDLE NAME _____

LAST NAME* _____

AGE _____ SEX _____ DATE OF BIRTH _____

NATIONALITY _____ QUALIFICATION/S _____

DATE OF JOINING _____

NAME OF THE INSTITUTION* _____

DESIGNATION: _____

OFFICIAL ADDRESS*: _____

_____ State _____ Pin _____

ADDRESS FOR CORRESPONDENCE*: _____

_____ State _____ Pin _____

Tel (Res): _____ Office: _____ Fax No. _____

(Mob) _____ E mail: _____

Paste your recent
Photo here
(Do Not Staple)

EXAM CENTER: - MEDANTA - THE MEDICITY, GURGAON, HARYANA

PAYMENT OPTIONS

BANK DRAFT/CHEQUE NO/CASH/NEFT: _____ Amount - 30,000/-
(Drawn in favour of TSS, payable at SBI, AIIMS Campus, Ansari Nagar, New Delhi)

FOR Electronic Transfer (as RTGS/NEFT)

State bank of India - AIIMS, campus Branch (Branch Code: 1536), New Delhi

Account No: 35912170659

Account Name: The Simulation Society (TSS)

IFS Code: SBIN0001536

Special Waiver Fee: 25000/-

-----S E N D T O-----

Office Secretariat - TSS- New Delhi

E-969, LGF, CHITTRANJAN PARK, New Delhi - 110019

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