



Indian Association of Cardiovascular Thoracic Anaesthesiologists

MEMBERSHIP APPLICATION FORM

Affix one recent
passport size
photograph

(To be filled in block letters)

First name:.....

Middle name:.....

Last name:.....

Name to be printed on the ID card:.....

Age:..... Gender:..... Date of birth:.....

Nationality:..... Blood Group:.....

Address for Correspondence:.....

..... State:..... Pincode:

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Tel (Res):..... Office:..... Fax:.....

Mobile:..... Email ID:.....

Name of the Institution:.....

Permanent address:.....

..... State:..... Pincode :

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Qualifications:.....

Designation:.....

Membership Category Applied For:

Life (Rs. 4000) Annual (Rs. 600) Overseas Life (SAARC \$150 Others \$200)

PAYMENT OPTIONS:

Demand Draft	Favoring IACTA payable at Trivandrum: Mail it to the IACTA office.
Cheque or Cash	Remit in any SBI branch to the account number given below and mail the counterfoil of the Pay-in-Slip to the IACTA office. (If you are mailing the cheque to the IACTA office, add Rs 75 as outstation charges.)
Electronic Transfer (As NEFT)	State Bank of India - Medical College Branch (Branch code: 10707), Trivandrum. Account No: 30007410621 Account Name: IACTA IFS Code: SBIN0010707

DETAILS OF PAYMENT:

Demand draft Cheque Electronic transfer Cash

D D/ Cheque no:..... Bank:.....

Date of NEFT transfer/cash/cheque Remittance:..... Amount:.....

Transaction ID/UTR no & Bank (For Electronic transfer):.....

Local SBI Branch (Code/Name if applicable):..... Signature :.....

PROPOSED BY: (Name & Membership numbers of two life members of IACTA)

1) Name :.....2) Name:.....

Membership No:.....Membership No:.....

Previous positions held: 1.....
2.....
3.....

Areas of interest:.....

Publications [Include upto 10 National / International publications]:

1.....
2.....
3.....
4.....
5.....
6.....
7.....
8.....
9.....
10.....

Achievements:.....

Spouse name & occupation :.....

Children: 1.....
2.....
3.....

..... SEND TO

(Surface mail and Email with scanned copy or details)

Dr. Thomas Koshy

Secretary IACTA

IACTA Office, Anaesthesia House, First Floor,

GCDA Shopping Complex , Panampilly Nagar,

Cochin - 682 036, Kerala, India. Phone: 0484 4011307, Mobile: 9895519551

Email : iactasecretariat@gmail.com

Website : www.iacta.co.in

For Office use only

Received date / / DD / Cheque No:.....Bank:.....

Electronic transfer / Cash / Cheque Remittance details:.....

Amount:..... Receipt No:..... Memb. No. allotted:.....