



# Indian Association of Cardiovascular Thoracic Anaesthesiologists

## LIFE MEMBERSHIP APPLICATION FORM

(To be filled in block letters)

Affix one recent  
passport size  
photograph

First name:.....

Middle name:.....

Last name:.....

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

Nationality:.....

Address for Correspondence:.....

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

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

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

Name of the Institution:.....

Permanent address:.....

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

Qualifications:.....

Designation:.....

Fee for Life Membership: Rs 4000 (Indian Nationals)  \$ 150 (SAARC)

\$ 200 (Other Countries)

### 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:.....

..... SEND TO .....

(Surface mail and Email with scanned copy or details)

**Dr. Rajesh Arya, Secretary IACTA,  
Ph: 0161 2304272 (Ext.384); Mobile : 9915884444  
Dept. of Anaesthesia, Hero DMC Heart Institute,  
Civil Line, Tagore Nagar, Ludhiana (PUNJAB) 141001.**

Email : [iactasecretariat@gmail.com](mailto:iactasecretariat@gmail.com)

Website : [www.iacta.co.in](http://www.iacta.co.in)

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For Office use only

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

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

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

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