



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. Thomas Koshy

Secretary IACTA

IACTA Office, Anaesthesia House, First Floor,

GCDA Shopping Complex , Panampilly Nagar,

Cochin - 682 036, Kerala, India. Phone: 0484 4011307, 0484 4010551.

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:.....
