



# 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 6000 (Indian Nationals)  \$ 150 (SAARC)   
\$ 200 (Other Countries)

### PAYMENT OPTIONS

Demand Draft	Favoring IACTA payable at Madurai : 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 – Personal Banking Branch (Branch code: 04331), A/C Name: <b>IACTA</b> Account No: <b>30007410621</b> Account Name: IACTA IFS Code: <b>SBIN0004331</b>

### 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:....

## Declaration

"Membership fee paid by me should form part of the corpus of the funds of IACTA and should be utilized for objects of the Trust / Society only"

Signature

Date :

**Applicant should submit copy of the MD certificate, Aadhar & PAN along with the application form.**

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

(Surface mail and Email with scanned copy or details)

**Dr. N Kanagarajan, Secretary IACTA,  
IACTA Office, Anaesthesia House, First Floor, GCDA Shopping Complex, Panampilly Nagar,  
Cochin-682036, Kerala, India. Mobile: 9895519551(Mr. Manoj K M)**

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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