

Society Of Cardiovascular Health (SOCH)

(Membership Form for Associate Membership)

- Name (In block letters) : _____
- Father / Spouse Name : _____
- Mailing Address: (In block letters) _____
_____ Pin _____

Photo

- Mobile _____ Email _____
- Date of Birth _____
- Profession _____

Signature -
Date -

Completed form may be sent to Secretary with a Cheque / Demand Draft of **Rs. 1000/- for annual Membership Fee or Rs. 5000/- for Ten Year** issued in favor of “ Society of Cardiovascular Health ” payable at New Delhi.
(DD/Cheque No. _____ dated _____)

Or Bank Transfer

Name of account - SOCIETY OF CARDIOVASCULAR HEALTH
ACCOUNT NO. 40653665782,
IFSC CODE -SBIN0001536,
BANK NAME- State Bank Of India,
Branch AIIMS Ansari Nagar New Delhi

(For office use only)

Date of receipt of application: _____
Date of Governing Council meeting: _____
Recommendation for Governing Council:
Accepted: _____
Not accepted (Mention reason): _____

Signature of the Secretary

E-mail: societyofcardiovascularhealth@gmail.com
Address: C-4, Paryavaran Complex, IGNOU Road, Mehrauli, South Delhi, Delhi – 110030
Contact: 91+9868026888