



National College of Chest Physicians (India)
 (Formerly Indian Association for Chest Diseases)
V. P. CHEST INSTITUTE, UNIVERSITY OF DELHI, DELHI-110007.
Membership Enrollment Form

Regd No.:S/1421 (1981)

LM Number				
Receipt No & Date				

Instructions:

1. Entries in Boxes should be in Capital letters Only.
2. Information in Cols 1 to 5 and Cols 15, 16 are Mandatory and should be in Capital Letters only.
3. DD should be drawn in favour of "National College of Chest Physicians (India)" payable at Delhi.
4. All correspondence and the IICDAS (Journal) will be dispatched at your Mailing address.
5. Filled applications to be sent to **Prof. S.N.Gaur, GAUR Clinic, 130-A, Patparganj Village, Delhi – 110091.**

To

The Secretary,
 National College of Chest Physicians (India)

Please affix
 Your
 Recent
 Photo

Dear Sir,

I request that I may be enrolled as a Member of National College of Chest Physicians (India). The Annual Subscription of Rs. _____, Life Membership fee Rs.5000/- and Enrolment fee of Rs. 1000/- + GST 18% (Rs.1080) (Total Rs.7080/-) is enclosed herewith by Cash / Demand Draft.

DD No: Date: Amount Rs.7080/- Drawn on

.....(Name of the Bank and address)

1.

Applicant's Surname																									
First Name																									
Middle Name																									

2.

Martial Status																									
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3.

Date of Birth		Place of Birth										
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4.

Permanent Address:																									
		City																							
	State											PIN													

5.

Mailing Address*:																									
		City																							
	State											PIN													

6. Telephone / Fax (with Area Code)

Residence:											Office:										
Fax:											Mobile:										

7.

E-mail Address:																														
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8. Medical Education :(ENCLOSE COPIES OF DEGREE / DIPLOMA)

Degree/ Diploma Name of the College /University Qualifying Year

9. Experiences in Chest Speciality

10. Other Experience:

11. Affiliation to other Scientific Bodies:

12. Present Appointment and Office Address:

13. Research Activities & Publications:

14. Any other Relevant Information:

15. Proposed and Seconded by:

	Name	Fellowship/Membership No	Address	Signature
Proposer
			
Secunder
			

16. Signature of Candidate:

Remarks of Credential Committee:

President NCCP(I) **Secretary NCCP(I)**