FORM FOR APPLICATION FOR e-MEMBERSHIP OF INDIAN CHEST SOCIETY FOR FOREIGN NATIONAL
(Registered under the Societies Registration Act. 1860)

Name:
Address:
Country:
Email: Tel. No:
Fax No.: Mobile #
Age:
Qualification:
Appointment:

Proposed by:
Secretary’s note:
If my application is accepted I am agreeable to the rules and regulations of the society.

Date: Signature of the Candidate

The DD/Cash/Cheque (amount € 45.00) should be made out in favour of, Indian Chest Society’ payable at Varanasi, India. Payment by credit card will not be accepted.

Eligibility criteria for Life Membership:
• A doctor who is an Physician working and practicing in Pulmonary Medicine.

Eligibility criteria for Associate Membership:
Associate members can neither vote nor stand for elections to the Governing Body
• PG Students/Research Scholars working in Pulmonary Medicine.

Headquarter of the society
Clo Dr. J. K. Samaria, Hon. Secretary,
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