

INDIAN COLLEGE OF ANAESTHESIOLOGISTS
(Established 2008)

Application form for membership of Indian College of Anaesthesiologists (ICA)

(A) Individual Particulars

Surname _____ First Name _____

Qualifications: _____

Designation: _____

Date of Birth: _____

Place of work address

Institution:

Hospital:

Year of qualification: MBBS _____ Diploma in Anaesthesiology/ MD in Anaesthesiology/DNB in Anaesthesiology/ Fellowship/Other qualification's in Anaesthesiology)

Permanent Address: _____

PHOTO

E-mail ID:

ISA membership No./Sister Anaesthesia Association No.

Medical Registration No. & UG _____ (State) PG _____
(State)

State where registered

Tel No: (Res) _____ (Off) _____ Mob: _____

Life membership is ₹5,000(five thousand only). Kindly present DD in favour of "Indian College of Anaesthesiologists" payable at New Delhi (Send the completed application form along with DD, two passport size photographs, copy of anaesthesiology qualifications & medical council registration, on address "Indian College of Anaesthesiologists, 53, Gautham Apartments, Gulmohar Park Road, New Delhi-110049 (Mob:09811132221)".

(B) Interests

Are you interested

- (a) In joining research/ multicentric clinical trails? Yes/No
- (b) In joining on faculty
- (c) In conduct of courses/deliver lecture/ examination work
- (d) In publications
- (e) In legal advise to members

[P.T.O]

(C) Declaration:

I would like to join as life member of Indian College of Anaesthesiologists and kindly grant me membership. I promise to promote the Indian College of Anaesthesiologists and will be actively involved in the activities of the college.

Signature:

Name:

Date:

Place:

RECOMMENDATION FOR ENROLLMENT TO ICA

1. ISA No. ___/ICA No. ____ (Name).....Recommended Yes/No Signature

2. ISA No. ___/ICA No. ____ (Name).....Recommended Yes/No Signature

For Office Work Only

Membership granted/ not granted

Membership No.

CEO/Registrar