



Regd No.: S/1421 (1981)

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

Membership Enrollment Form

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. Now you can pay ONLINE as well, our Banking Partners are –
HDFC BANK LTD.,
50100-4308-15126,
G-83, Preet Vihar, Delhi – 110092,
IFSC Code – HDFC0001561.
5. Please enclose your copies of **Degrees, State MCI Registration number** and **Directory Form**.
6. All correspondence and the IJCDAS (Journal) will be dispatched at your Mailing address.
7. 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 you that I may be enrolled as a Member of National College of Chest Physicians (India). The Annual Subscription of Rs., Life Membership fee Rs.10,000/- and Rs.1800/- for GST (Total Rs.11800/-) (Eleven Thousand Eight Hundred only) is enclosed herewith by Cash / Demand Draft.

DD No: Date: Amount Rs.11800/- Drawn on

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

1.																	
Applicant's Surname																	
First Name																	
Middle Name																	
2.																	
Marital Status																	
3.																	
Date of Birth																	
Place of Birth																	
4.																	
Permanent Address:																	
		State				City				PIN							
5.																	
Mailing Address*:																	
		State				City				PIN							
6. Telephone / Fax (with Area Code)																	
Residence:									Office:								
Fax:									Mobile:								

7.

E-mail Address:	[REDACTED]
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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

[REDACTED]

10. Other Experience:

[REDACTED]

11. Affiliation to other Scientific Bodies:

[REDACTED]

12. Present Appointment and Office Address:

[REDACTED]

13. Research Activities & Publications:

[REDACTED]

14. Any other Relevant Information:

[REDACTED]

15. Proposed and Seconded by:

	Name	Fellowship/Membership No	Address	Signature
Proposer
Seconder

16. Signature of Candidate:

Remarks of Credential Committee:

President NCCP(I) Secretary NCCP(I)