**INDIAN COLLEGE OF ANAESTHESIOLOGISTS**

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

1. **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).

**Photo**

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 Dr. P N Kakar, B-8, Sushant C Lok Phase-II, Golf Course Road, Sector-56, Gurgaon - 122 011(Mob: 09810853355). Membership fee can be directly to Syndicate bank, Sir Ganga Ram Hospital Branch, New Delhi.

Account No. : **90682010102608**

Name: **INDIAN COLLEGE OF ANAESTHESIOLOGISTS**

Type of account: **Saving Bank**

IFSC code: **SYNB 0009111**

1. **Interests**

Are you interested

* 1. In joining research/ multicentric clinical trails? Yes/No
  2. In joining on faculty
  3. In conduct of courses/deliver lecture/ examination work
  4. In publications
  5. In legal advise to members

1. **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

**For Office Work Only**

Membership granted/ not granted

Membership No.