



# SOCIETY OF CHEST IMAGING AND INTERVENTION

Registration No.: 22/2019

Registered Office: Bhaveshwar Vihar, 383 SVP Road, Mumbai 400004 Maharashtra

Email: societyofchestimaging@gmail.com, scii2019@gmail.com

## MEMBERSHIP APPLICATION FORM

Name (CAPITAL LETTERS):

Age:	D.O.B.: DD/MM/YYYY	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Please affix a photograph
Mobile:	Email id:		
Qualifications:			
College/Institution:			

Hospital/Clinic/Office Address:	Residential address:
---------------------------------	----------------------

Medical Council registration No: ..... and  
Name of council (MCI/state): .....

Number of hours/ week spent in chest radiology:	Membership of other professional society/body, if any:
---	--

Membership: (kindly tick ☒ one)  
☐ Life member (Rs 10,000) ☐ Corporate member (Rs 5,000)  
☐ Honorary member ☐ Corresponding member (Rs 10,000) ☐ Student member (Rs 1,000)

Membership fee: Rs..... Mode of Payment: Cheque / Bank Transfer / Online payment  
☐ Cheque (in favour of 'Society of Chest Imaging and Intervention')  
Cheque no: ..... Date: ..... Bank: .....  
☐ Bank Transfer: A/c Name : Society of Chest Imaging And Intervention, A/C No. : 3719071850,  
IFSC: CBIN0280631, Bank : Central Bank of India, S.V.P. Road branch, Mumbai-400004  
☐ Online payment id: .....

Declaration: I agree to abide by the memorandum and by-laws of the society and by such rules and regulations as may be enacted from time to time.

Date: ..... Signature of the applicant

FOR OFFICIAL USE OF SOCIETY OF CHEST IMAGING AND INTERVENTIONS:

Admitted as Life member / Honorary member/Corporate Member of 'Society of Chest Imaging and Intervention'

Membership Number: ..... Receipt no: ..... Date: .....

Signature of the General Secretary