

## INDIAN COLLEGE OF ANAESTHESIOLOGISTS

**Application form for membership of Indian College of Anaesthesiologists (ICA) including Examination fees for Indian Diploma in Regional Anaesthesia (IDRA)**

**THIS FORM IS Exclusively for anaesthesiologists appearing for (IDRA)**

### **(A) Individual Particulars**

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Qualifications: \_\_\_\_\_

Designation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of work address

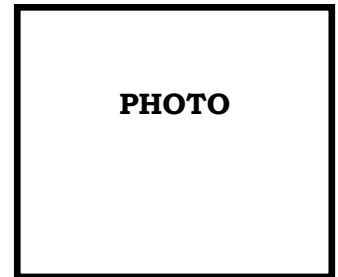
Institution: \_\_\_\_\_ Hospital: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_



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).**

**IDRA examination fees is 2000/- (two thousand only)**

**TOTAL – 7000 INR (Seven thousand only)**

Kindly present DD in favour of “Indian College of Anaesthesiologists” payable at New Delhi

OR

NEFT payment

Account No. 90682010102608

Name- INDIAN COLLEGE OF ANAESTHESIOLOGISTS

Type- Savings Account

IFSC code- SYNB0009111

Bank- Syndicate Bank

Branch- Sir Ganga Ram Hospital, New Delhi

**Send the copy of transaction to [ipsacourse@gmail.com](mailto:ipsacourse@gmail.com)**

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, Garnet, TC No.7/1610, Ulloor, Medical College  
P.O, Trivandrum-695011, Kerala (Mob:09847063190)

**Also fill IDRA form available at [www.ipsacourse.com](http://www.ipsacourse.com)**

**(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

**(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

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**For Office Work Only**

Membership granted/ not granted

Membership No.