

INDIAN ACADEMY OF ECHOCARDIOGRAPHY

Bharat & Varsha Patel IAE Cardiac Sonographer Travel Grant Application

www.iaecho.in

First Name	e		Middle initi	als S	Surname	
Gender M F			Date of Birtl	Date of Birth (DD/MM/YYYY)		
Address:	Address line	2:			PIN	
Current de	-			-		
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Tel no:					codeNo	
E-mail						
IAE Accredit	ation Not Do	one Level-I	year	Level-II year.		
EDUCATI	ON / TRAINING Qualification	DETAILS	Voor		avaitu/ Ingtituta	
C	lualification	Subje	ect Year	Unive	ersity/ Institute	
	-				arate sheet if required):	
E	xperience/ Ac	hievements	Year	D	etails	
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Have you a		E annual meeting	in the past - No	Yes		
Have you b	peen to the USE	in the past	- No	Yes	if yes, then in which year	
SIGNATURE (Digital/ manual):					Date:	
th Se IA Pi le Cr Cr	urrent Curriculur e nature of the c essions LE accreditation of roof of presentat eadership initiativ opy of passport a nange) etter from Head o	certificate ion/article accepta e and if available, US f Department/ Med		why (plowed An	hort 300 word essay written by the candidate describing rhe/she would like to attend the ASE Scientific ease refer to the application rules and conditions on the bsite) by other document-Marriage certificate (For name Gadget Certificate (For name change	
	tive practice for					

Please email the completed form along with all the relevant documents before the deadline to office@iaecho.in Alternately, the same can also be mailed to the following address-

Indian Academy of Echocardiography,

C-1/16, Ashok Vihar, Phase-II, Delhi-110052, India

Mobile: +91-93111-13246, Tel: +91-11-45558377

(Please note, Incomplete applications, any falsification in the application or those sent after the deadline will be rejected)