INDIAN ACADEMY OF ECHOCARDIOGRAPHY
New Member Application

www.iaecho.in

APPLYING FOR ☐ Life membership ☐ Associate membership
☐ Cardiac Sonographer membership ☐ Technician membership ☐ Corporate membership

(USE BLOCK LETTERS):

First Name ..... **Middle initials**..... **Surname** .....

Gender ☐ **M** ☐ **F** **Date of Birth (DD/MM/YYYY)** .....

Present Address: **Address line 1:** .....
Address line 2: .....
City: ..... **State** ..... **Country** ..... **PIN** .....

Permanent Add: **Address line 1:** .....
Address line 2: .....
City: ..... **State** ..... **Country** ..... **PIN** .....

Tel no: ISD code ..... **Area code** ..... **No** ..... **Mobile no: ISD code** ..... **No** .....

E-mail.....

API Member ☐ **Yes** ☐ **No, membership no**..... **CSI Member** ☐ **Yes** ☐ **No, membership no**.....

Qualification	Specialty	Year	University

Experience (In chronological order) (attach separate sheet if required):

ELIGIBILITY CRITERIA FOR MEMBERSHIP:

Life Membership: DM/ DNB Cardiology, MCh/ DNB Cardiothoracic Surgery, MD/ DNB (Medicine, Pediatrics, Anesthesia, Chest Medicine), Post graduate degree in Critical Care/ Cardiac Anesthesia, PGDCC, MRCP & FRCP

Associate Member: MBBS with at least 2 years' experience in echocardiography; **Cardiac sonographer:** BSc / MSc in Echocardiography from a recognized university; **Technician:** Certified echocardiography technician from a recognized centre with at least 2 years' experience.

(Please send application with copies of medical degrees, certificates of experience signed by the relevant authority).

MEMBERSHIP FEE:

Life Member: Rs. 10,000/- (US$ 500 for international physicians; US$ 300 for SAARC Members)
Associate Member: Rs. 10,000/- Cardiac Sonographer/Technician: Rs. 4,000/- Corporate Member: Rs. 5,00,000/-

Cheque/DD should be drawn in favor of "Indian Academy of Echocardiography", payable at Delhi

PAYMENT INFORMATION: ☐ **Online** ☐ **Offline** **Bank name:** .....

Cheque/ DD/ Online acknowledgement No: ..... **Date:** ..... **Amount:** .....

SIGNATURE (Digital/ manual): **Date:**

OFFICE USE ONLY:

Application received on:

Recommendation from the credential committee:

Date of executive committee meeting:

Final decision:: ☐ Accepted ☐ Rejected

Membership no.....

(Sign. of Secretary)

Please return the completely filled form to:

Indian Academy of Echocardiography,
DSM-141, First Floor, DLF Tower,
15-Shivaji Marg, Main Najafgarh Road, New Delhi-110015, India
Mobile: +91-93111-13246, Tel: +91-11-27419505, +91-11-45558377, Email: office@iaecho.in