INDIAN ACADEMY OF ECHOCARDIOGRAPHY
New Member Application

www.iaecho.in

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

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: **Membership Documents Life Member : MBBS,MD,PGDCC (IGNOU) Etc. with ,Medical Regn Certificate**

Life Member: Rs.11,800/= (10000+18% GST) (US$ 500 for international physicians; US$ 150 for SAARC Members)+TAX

Associate Member: Rs.11,800/= (10000+18% GST)

Cardiac Sonographer/Technician:Rs.4,720/=(4000+18%GST) Corporate Member: Rs.5,90,000/= (500000 + 18%GST)

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

PAYMENT INFORMATION: ☐ Online ☐ Offline Bank name: ……

NEFT/UPI/Online/or 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: +91-11-45558377, Email: office@iaecho.in
GSTIN: 07AAATI5618L1ZG

Beneficiary Name : **Indian Academy of Echocardiography**

Bank Name : **INDIAN BANK**

Bank Address : **C-1/19,Ashok Vihar, Phase-2, Delhi-110052**

Account No : **50375653075**

IFSC : **IDIB000A124**