



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. 11,800/=(10000+18% GST) (US\$ 500 for international physicians; US\$ 300 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/orCheque/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:: <input type="checkbox"/> Accepted <input type="checkbox"/> 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