

## INDIAN ACADEMY OF ECHOCARDIOGRAPHY

## Bharat & Varsha Patel IAE Cardiac Sonographer Student Travel Grant Application

www.ia	aecho.ii	<u>1</u>					
PERSON	IAL DETA	ILS					
First Name				Middle initials		Surname	
Gender   M				Date of Birth (DD/MM/YYYY)			
Address:		Address line	1:				
	Address line 2:						
		Address line 3:					
			State				
Tel no: E-mail							
FDUCAT	ION/ TRA	INING DETAIL	S				
Pa	Past qualifications Subject			Year		University/ Institute	
Work Ex	perience	(In chronologi	cal order) (atta	ach separate sheet if	required):		
SIGNATURE (Digital/ manual):					Date:		
Attachmo							
<ul> <li>Current Curriculum Vitae with detailed e</li> <li>and the nature of the current daily work</li> </ul>				· ·		A letter of intent stating why you would like to attend the	
			•			IAE national meeting	
	present		article submis	sion/ acceptance/		Any other document-	
	Letter from Principal/ Head of Department/ Medical					0	
	Director or equivalent authority confirming student status						

Please email the completed form along with all the relevant documents before the deadline to: iaechohg@gmail.com

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: +91-11-27419505,011-45558377

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