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, if yes, membership no.....

CSI Member ☐ Yes ☐ No, if yes, 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/- Corporate Member: Rs. 5,00,000/-

Cardiac Sonographer/Technician: Rs. 4,000/-

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

PAYMENT INFORMATION:

Cheque/ Demand draft no:.....Date: .....Amount:.....Bank name: .....

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: IAE, INDIA HEAD QUARTER

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

Mobile:-+91-93111-13246, Tel: +91-11-27419505,011-45558377 E-mail: iaechohq@gmail.com