



# INDIAN ACADEMY OF ECHOCARDIOGRAPHY

## New Member Application

[www.iaecho.in](http://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::     | <input type="checkbox"/> Accepted | <input type="checkbox"/> Rejected |
| Membership no.....   |                                   |                                   |
| (Sign. of Secretary) |                                   |                                   |

Please return the completely filled form to:

Indian Academy of Echocardiography,  
 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](mailto:iaechohq@gmail.com)