



# 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. 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::  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](mailto: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  
**FSC** : IDIB000A124