

**FORMAT FOR SUBMISSION OF BIO-DATA OF THE NOMINEE FOR  
CONSIDERATION FOR AWARD OF FELLOWSHIP OF  
INDIAN ACADEMY OF ECHOCARDIOGRAPHY- 20\_\_\_\_\_**

<b>1.</b>	Name in Full				
<b>2.</b>	IAE Membership no. and date of joining				
<b>3.</b>	Date of Birth				
<b>4.</b>	Residence Address and Phone Numbers :				
<b>5.</b>	Office Address and Phone Numbers :				
<b>6.</b>	Professional Qualifications : -				
	<b>Degree</b>	<b>Year</b>	<b>Specialty</b>	<b>Subjects</b>	<b>University/Institute</b>
<b>7.</b>	Contribution to IAE Organization of Regional/National/International/CME Programme, Positions held in executive bodies/sub-committees of IAE				
<b>8.</b>	Appointment held (starting with present appointment)				
	<b>Post/Position</b>	<b>Employing authority</b>	<b>Period</b>		

<b>9.</b>	Research Experience/Field of Interest		
<b>10.</b>	Awards/Distinctions (Regional/National/International)		
<b>11.</b>	Any Significant/Recognized Community Health Services		
<b>12.</b>	Reference letter from 2 members of Indian Academy of Echocardiography		
<b>13</b>	Draft No	Bank	Payable at Delhi INR 10000/=

Signature

**Note : Draft in favour of “ Indian Academy of Echocardiography “payable at Delhi**

**Indian Academy of Echocardiography**

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