



INDIAN ACADEMY OF ECHOCARDIOGRAPHY

Accreditation Test Application Form

Year

www.iaecho.org

(Should be complete in all respects)

Name

Designation Organization

Address

.....

IAE Membership no. Conference Registration no.....

Tel. with STD Code (Residence).....

Clinic..... Mobile.....

E-mail:,.....

Payment Information:

Accreditation Test Fees: INR 2500/-

(Demand Draft in the favor of “**Indian Academy of Echocardiography**”, payable at Delhi)

Demand Draft No. Dated: Drawn on Bank

.....

(Signature)

(I have read all the rules & regulation of Accreditation Test)

Date of Application:

Please return to:

IAE, INDIA HEADQUARTERS

C-1/16, Ashok Vihar, Phase –II, New Delhi-110052, (INDIA)

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