

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

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

9.	Research Experience/Field of Interest								
10.	Awards/Distinctions (Regional/National/International)								
	<table border="1"> <tr> <th data-bbox="164 401 643 443">Title of Award</th> <th data-bbox="643 401 1081 443">Name of Organization</th> <th data-bbox="1081 401 1541 443">Year of Award</th> </tr> <tr> <td data-bbox="164 443 643 552"></td> <td data-bbox="643 443 1081 552"></td> <td data-bbox="1081 443 1541 552"></td> </tr> </table>	Title of Award	Name of Organization	Year of Award					
Title of Award	Name of Organization	Year of Award							
11.	Any Significant/Recognized Community Health Services								
12.	Reference letter from 2 members of Indian Academy of Echocardiography								

Date

Signature

Please forward duly filled form to:

IAE, INDIA HEADQUARTERS

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