



WEST BENGAL ACADEMY OF ECHOCARDIOGRAPHY

1B, RITCHIE ROAD, KOLKATA - 700 019

Phone : + 91 88209 88880 • E-mail : wbae.net@gmail.com • Website : www.wbae.in

Application for Membership

1. **NAME :**
(IN BLOCK LETTER).....

2. **ADDRESS :**
(IN BLOCK LETTER).....

Pin..... Tel. (Resi):..... Mobile :

E-mail :

3. **Date of Birth :**

4. **Qualification :**

<u>Degree</u>	<u>University</u>	<u>Year</u>
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<u>Appointment</u>	<u>Institution</u>	<u>Period</u>	<u>Percentage of work in Echocardiography</u>
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<u>Institution</u>	<u>Period</u>	<u>Type of Training / Course</u>
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(Enclose attested copies of your certificates in duplicate in support of 4, 5 & 6)

7. **Membership of other Societies (specify) :**

8. Whether a member of Indian Academy of Echocardiography : Yes / No
9. Details of Publications (if any) with title, names of all authors, Journals, vol., page, year in a separate sheet.
10. Research work to Cardiovascular system with special reference to echocardiography (if any) - details in a separate sheet.
11. Type of membership applied for **Life / Associate**.

Date :

Signature of the Applicant

Proposed by : Name

Address

.....

WBAE member since :

Signature

Seconded by : Name

Address

.....

WBAE member since :

Signature

Please complete two copies of this form with required enclosure as indicated under respective items and send to the Hony. Secretary, West Bengal Academy of Echocardiography with a **Demand Draft** issued in favour of the "**West Bengal Academy of Echocardiography**" payable at Kolkata for the amount mentioned below.

A. Life membership Fee

Rs. 3,000.00

B. Associate Membership Fee

Rs. 1000.00 (for a term of five years)

(For office use only)

Date of receipt of application :

Recommendation from the Credential Committee :

Date of completion of the procedural formalities :

Date of Executive Committee meeting :

Accepted :

Not accepted (mention reason) :

Signature of the Secretary