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**PCSI Fellowship in Fetal Echo**

**Application form**

Full Name:

Date of Birth:

Gender:

Contact Number:

Email Address:

Address:

City:

State: Pin:

Country:

**Current Position:**

Institution/Organization:

Years of Experience in Pediatric Cardiology:

Completed Pediatric Cardiology Degree/Fellowship/Training (Specify details):

**Payment Information**

Course Fee: Rs 30,000/- for 6 months

Examination Fee: Rs 5,000/-

Total Fee: Rs 35,000/- due before start of the program

Mode of Payment: Cheque/Online

Cheque/DD/Online acknowledgement no:

Dated:

**PCSI Official bank account details is**

A/C Name: Pediatric Cardiac Society of India

A/C No: 10874589187

IFSC code: SBIN0001536 (SBI- Ansari Nagar-29)

**Declaration**

I hereby declare that the information provided is true and accurate to the best of my knowledge. I agree to abide by the rules and regulations set by the Pediatric Cardiac Society of India for the PCSI Fellowship in Fetal Echo.

Applicant's Signature:

Date: Place:

**Submission Instructions-** Please submit the completed application form along with the necessary documents to:

**PCSI Head Office**

Room No 29th, 7th floor, Department of Cardiology

AIIMS Hospital, Ansari Nagar, New Delhi- 110029

Email: [pcsiheadoffice@gmail.com](mailto:pcsiheadoffice@gmail.com), Phone: 011-26594861

**Required Documents**

1. Copy of Pediatric Cardiology degree/fellowship/training certificate
2. Proof of indemnity insurance
3. Recent passport-size photograph
4. Updated CV/Resume
5. Proof of fees payment
6. PCSI membership number

For any queries regarding the application process, please contact the PCSI Head Office at the provided email or phone number.