



REGISTRATION FORM

Thank you for your interest in registering for the Golden FATE Card competition.

Please download this form. Enter the information. Sign the filled form and scan it. Include the scanned copy into the image folder, which is to be sent to the competition organizers.

Name _____ Age _____ Sex _____

Address _____

Email _____ Phone _____

Institutes Name _____

Designation _____

Years of clinical experience _____

Echo training _____ Year of Echo course _____

Echo experience: _____

UNIT HEAD RECOMMENDATION FORM

I, _____

hereby declare that Dr.

is working in my unit & the attached echocardiography study has been performed by him /her.

Date _____ Place _____

Signature

Institutes stamp