



(Please fill up the form in BLOCK LETTERS)



MediScan Bangalore training centre

Karthik Ultrasound Scan Centre

207, 6th Cross, MICO Layout, II Stage, Arekere, Bannerghatta Road, Bangalore - 560076.

(Near L&T South City Apartments)

Ph: +91 80 2648 4030, Mob: +91 98441 25084

Email: chitra.ganesh@yahoo.co.in / training@mediscan.org.in

Website: www.mediscansystems.org

COURSE APPLIED FOR: BASIC COURSE IN OBGYN – 6 WKS

AFFIX PHOTO

1. Name :

2. Permanent Address :

Street :

Area :

City :

Zip-code :

State :

Country :

Phone No :

Residence STD / ISD _____ Tel _____

Hospital STD / ISD _____ Tel _____

Mobile No _____ Email _____

3. Date of Birth : ____DD ____ MM ____ YY

4. Sex : Female _____ Male _____

5. Nationality: Indian? _____; if others specify _____

6. Academic Qualification:

Degree	Name of Degree	Name of Institution	Name of University	Date of Completion of the Course. Month & Year of passing	Class or % of Marks
U.G.					
PG Diploma					
PG Degree					
Higher Specialty					

7. Academic Distinction / Publication etc:

8. Medical Council Registration Certificate – To enclose copy:

9. Present Occupation / Address:

Telephone / Mobile No.:

Email ID:

Whether in service/Private Practice:

10. Previous ultrasound experience if any:

11. Preferred month for training:

12. Objective of Joining the Course:

13. Name 2 referees in your field of profession (their contact nos. & addresses)

1.

2.

Note: The candidates are requested to send the following along with the application form.

1. Xerox copies of certificates

2. One passport size photo (to be affixed in the front page)

3. DD for Rs.500/- (as application fee)

(Your registration will be completed only after the receipt of the above)

For Office use only

Payment Details	R. No	Date	DD. No & Amount
Application Fee			
Advance Fee			
Balance Fee			
Name of the course applied for			

Verification of Certificates (original):