

# INSTITUTE OF ULTRASOUND TRAINING

(Affiliate education Center Of Jefferson Ultrasound Research And Education Institute, Jefferson University Hospital, Philadelphia, USA)

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photograph

## APPLICATION FORM

**(To be duly filled by the applicant in BLOCK LETTERS and posted at the above mentioned address by courier or registered post)**

Name: Dr.....

Address: .....  
.....  
.....

Phone no.....

E-mail.....

Nationality: .....

Qualifications: (Attach photocopies)

.....  
.....

Course options: (Please tick)

1. Ultrasound in Obs & Gynae and General Abdomen
2. Ultrasound in Obs & Gynae only
3. Ultrasound in General Abdomen only
4. Color Doppler
5. Adult Echocardiography

Mode of payment: Demand Draft /Cash/Cheque

Amount.....

D/D / Cheque no.....

Drawn on .....bank .Dated.....

Any additional information: .....

I agree to abide by the rules and regulations of the Institute and do hereby state that the above information given by me is true.

Place:

SIGNATURE