

INSTITUTE OF ULTRASOUND TRAINING

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

(Additionally Recognized by Indian Medical Association & Federation of Obs-Gyn Societies Of India)

7/1 PREM NAGAR , NEAR TILAK NAGAR METRO STATION, NEW DELHI-110058

PH: 011-25598224, 25598680, 9891085080

E-MAIL: iout364@yahoo.com

support@instituteofultrasoundtraining.com

Website: www.instituteofultrasoundtraining.com

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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:
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Nationality:

Qualifications: (Attach photocopies)

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Course/Courses Applied for:
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Mode of payment: Demand Draft / Cheque (Local only) / Cash

Amount.....

D/D / Cheque no.....

Drawn onbank .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.

Date:

Place:

SIGNATURE