

INSTITUTE OF ULTRASOUND TRAINING

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

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Paste
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:
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.....

Phone no.....

E-mail.....

Nationality:

Qualifications: (Attach photocopies)

.....
.....

Course options: (Please tick)

- 6 months course in Obgy\ and Gen. Abdomen (Diploma /Cert. course/Jefferson)
- 3 months course in Obs & Gynae only (Diploma/Cert)
- 4 months course in Obs & Gynae with Color Doppler (OBGY)
- 3 months course in General Abdomen only
- 1 year course in Obgy-Abdomen with Color Doppler/ Adult echo (Diploma/Cert)
- Color Doppler
- Adult & Pediatric Echocardiography
- Fellowship in Ultrasound

Mode of payment: Demand Draft /Cash/Cheque

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.

Place:

SIGNATURE