MediScan
Diagnostic Ultrasound Research & Training Centre

New No.252 / Old No. 184, Tiru-vi-ka High Road, Mylapore, Chennai - 600 004, Tamil Nadu, India
Ph: 91 - 44 - 24660084 | Fax: 91 - 44 - 24988226.
Website: www.mediscansystems.org | Email: training@mediscan.org.in

For Office use only:

Registration No.:

_____

Kindly note:
- Form is to be filled in BLOCK LETTERS

Course Applied for:

☐ FELLOWSHIP IN FETAL MEDICINE

Affix
PASSPORT SIZE
Photograph

1. Name *(as per Degree Certificate)* :

   1.1.PAN No.   :   1.2.Aadhaar No.   :

   1.3.GST No. (if applicable)   :

2. Permanent Address   :

   Street   :

   Area   :

   City   :

   Zipcode   :

   State   :

   Country   :

   Phone.No   :

   Residence   : STD / ISD _____ Tel: _____

   Hospital / Office   : STD / ISD _____ Tel:_____

   Mobile No   : _____

   Email   : _____

3. Date of Birth   : ____DD ____ MM ____ YY

4. Sex   : Female _____ Male _____

5. Nationality   : Indian _____   Others _____   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 Speciality					

7. Academic Distinction / Publication etc :

8. Medical Council Registration Certificate – To enclose copy   :

9. Present Occupation / Address

       Telephone & Mobile No.
       Email I D

Whether in service/Private Practice   :

10. Main areas of interest
     (state order of preference)   :

     1. Medicine   _____
     2. Surgery   _____
     3. Obst. / Gynaecology   _____
     4. Radiology   _____
     5. General   _____
     6. Specialities in Surgery   _____

11. Previous ultrasound experience if any :

12. Justification for joining the program   :

13. Write briefly why do you want to join the program and how you propose to utilize the training:

14. Name two referees in your field of profession and their contact numbers and 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/- (application fee). DD in favour of "MediScan Systems" payable at Chennai.
4. Both hard and soft copies of the above documents are mandatory including Application form and Passport size photograph
5. The soft copy of the documents may be emailed to training@mediscan.org.in

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

Date   Signature of the Applicant

For Office use only

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

Verification of Certificates: