

# 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- (Non-refundable application fee). Demand Draft should be drawn in favour of " Dr.Suresh Mediscan Systems Private Limited" 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:**