

BASIC ESSENTIALS OF GYNAEC ULTRASOUND IMAGING

7th and 8th February 2025

Dr. Suresh Mediscan Systems, Royapettah high Road, Mylapore, Chennai – 600 004, Tamil Nadu

● Please fill in all the details. Kindly type or write legibly in BOLD letters

Delegate Full Name:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Medical Council Registration number. (Mention state)	
Address:	
City:	Zip Code:
State:	Country:
Phone (Res):	(Clinic):
Email:	Mobile:
Speciality	

Academic Qualification : _____

Degree	Name of Degree	Name of Institute	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					

Academic Distinction / Publication etc.:

Present Occupation / (Clinic/Hospital Address):

Dr. Suresh Mediscan Systems

New No 252, Old No 184, Thiru-Vi-Ka High Road, Mylapore, Chennai – 600 004, Tamil Nadu, India

Ph: 91 -44 -24663232 Fax: 91 – 44 – 24988226.

Website: www.mediscansystems.org | Email: training@mediscan.org.in

Ultrasound Experience:

- Previous ultrasound experience if any:
- How many gynaec. cases do you do per week:

Note: The candidates are requested to send the following along with the application form

1. Xerox copies of certificates i.e UG, PG degrees
2. One passport size photo (to be affixed in the front page)
3. Medical Council Registration certificate

Signature of the candidate:

Date:

Place

Bank Details

Beneficiary Name: Dr. Suresh Mediscan Systems Private Limited
Bank Name: HDFC Bank Ltd.
Branch Address: P.S. Sivasamy Salai, Mylapore, Chennai – 600004.

Account Number: 03232320002216
Account type: Current Account
IFSC Code: HDFC0000323

For Office Use

DD No / Transaction No: _____ Date: _____

Issuing bank: _____

Rupees: _____ Receipt No _____

Remarks: _____