

# MediScan

## Diagnostic Ultrasound Research & Training Centre

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

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

### Kindly note:

- Form(s) are to be filled in BLOCK LETTERS
- Separate Application forms to be used for each course

### For Office use only:

Registration No.:

### Short Term courses:

- Basic Course in Fetal Echocardiography - 2 Days
- Advanced Course in Fetal Echocardiography - 3 Days
- Doppler in Obstetrics - 2 Days

### Long Term courses:

- Fellowship in Advanced Ob & Gyn Ultrasound - 1 Year
- Fellowship in Obstetric Ultrasound - 6 Months
- Training in Fetal Echocardiography - 3 Months
- Foundation Course in Obstetric Ultrasound - 3 months

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. Objective of Joining the Course :

13. 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 i.e. UG, PG degrees and State Medical Council registration (both UG and PG)
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 pasted with Passport size photograph
5. The soft copy of the documents may be emailed to [training@mediscan.org.in](mailto:training@mediscan.org.in)
6. Postal address for sending the hardcopy is available on the top of this application form.

***(Your registration will be completed only on receipt of the above documents.)***

Date

Signature of the Applicant

**For Office use only**

<b>Payment Details</b>	<b>R.No</b>	<b>Date</b>	<b>Bank, DD.No &amp; Amount</b>
Application Fee			
Advance Fee			
Balance Fee			
Name of the course applied for			

**Verification of Certificates (original):**