

VIth BASIC HANDS ON TEE COURSE

Accredited by:

18th - 19th Jan , 2019

International Society of Cardiovascular US , Alabama, USA & Indian Academy of Echo & Delhi Medical Council *

“JROP INSTITUTE OF ECHOCARDIOGRAPHY , U/S & VASCULAR DOPPLER ”

JROP HEALTHCARE PVT. LTD.

C-1/16 , ASHOK VIHAR , PHASE - II , DELHI -110052,

Email : echocourse@gmail.com , jrop2001@yahoo.com

Registration Form

Please write/ print in **BLOCK** letter Tick appropriate boxes (*marked mandatory)
Paste high quality 4.5cm X 3.5cm photo

*Name:

*Qualification.....

*Mailing Address:

State:* Pin Code: *Email :.....

*Mobile (Code).....*Alternate /*What'sApp

*Xerox of MD / DNB (Med/ Paed./ Anaesthesia/ Critical Care / Emergency
medicine /

Family medicine / Chest medicine) / PGDCC

*Xerox of PAN card , Xerox of State Medical Council Number (Self attested
& Stamped)

Course Fee:

Indian delegates(Indian nationals residing in India)

INR 30,000 + 18% GST non residential **Till 31-12-2019**

**National delegates have to arrange their own accommodation & transportation*

Indians nationals residing abroad / SAARC /foreign delegates:

US \$ 550 + 18% GST residential **Till 31-12-2019**

**International delegates shall be provided single room accommodation in nearby guest house along with airport pickup provided they confirm atleast 4 weeks in advance for the training program.*

**Registration is on first cum first serve basis. Limited to 20 Registrations
please.**

PAYMENTS :

NEFT / RTGS : Details :

IFSC Code:ALLA0213422 , Account No:50403924615 , Bank Name:Allahbad Bank

Branch: C-1/13, Ashok Vihar, Phase-II, New Delhi-110052

A/c Name:Jrop Institute - A unit of Jrop Healthcare Pvt Ltd

Demand Draft : in favour of " **JROP INSTITUTE**" , Payable at Delhi , sent to

Dr. Rakesh Gupta , **JROP Healthcare Pvt. Ltd.**, C-1/16 , Ashok Vihar II ,Delhi 110
052

E-mail: echocourse@gmail.com , jrop2001@yahoo.com

**Contact or Whatsapp :: Mrs. Reena Dua 9560188488 , Dr. Rakesh Gupta
9811013246**

Definite cancellation Policy: (Use email/postal services for cancellation, No verbal request) **Before 31-12-2019: 50% Deduction & After 31-12-2019. 100% Deduction** (No refund)
I have understood all rules and regulations and I will abide with them.

Signature: Date:
.....

FOR OFFICE USE ONLY

Registration No. Date Received:
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