

Advanced Training in 3D Echo , 2 D STRAIN & TEE

24th Jan – 27th Jan 2019

Accredited by: International Society of Cardiovascular US , Alabama, USA & Indian Academy of Echo & Delhi Medical Council *
Endorsed by : Cardiological Society of India (Delhi Branch)

Echo & Color Doppler Centre

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

JROP HEALTHCARE PVT LTD , C-1/16 , ASHOK VIHAR , PHASE - II , DELHI -110052 ,

www.echocourse.in , www.jrop.in

Registration Form

Please print in BLOCK letter Tick appropriate boxes (* marked mandatory)

*Name:

*Qualification:.....

*Mailing Address:

.....

State: Pin Code:*Available Courier service:.....

*Telephone (with STD Code): Resi:Clinic:.....

Mobile: E-mail:

Course Fee:

INR 50,000+18% tax Till 31st Dec 2018 (Self sponsored Indian delegates)

INR 66,000+18% Till 31st Dec 2018 (Corporate sponsored Indian delegates)

US \$ 700 +18% tax Till 31st Dec 2018 (Self sponsored Indians residing abroad/ SAARC/foreign delegates)

US \$ 850 +18% Till 31st Dec 2018 (Corporate sponsored Indians residing abroad / SAARC /foreign delegates)

*Draft No./Bank :

*Xerox of MD (Med/ Paed./ Anaesthesia) ,MBBS with PGDCC (which ever is applicable)

*Xerox copy of PAN number * Xerox copy of state council number (All documents are self attested)

Registration is on first cum first serve basis. Only 30 Registrants please.

PAYMENTS : Demand Draft / Bank Remittance

Demand Draft payable at Delhi in favour of “ JROP INSTITUTE” , sent to **Dr. Rakesh Gupta** at ,
JROP Healthcare Pvt. Ltd., C-1/16 , Ashok Vihar – II ,Delhi 110 052

Tele: 011-2713-4839, Tele: 4504-4040, 2741-5646

E-mail: echocourse@gmail.com , jrop2001@yahoo.com , rakeshecho@gmail.com , Mobile: 098110-13246

Coordinator: Mrs Reena Dua , 011-2741-5646, 2713-4839 , 95601-88488

Definite cancellation Policy: (Use email / postal services for cancellation, **No verbal request please**)

Before 31-12-2018. 50% Deduction , **After 31-12-2018.** 100% Deduction (**No refund please**)

No postponement please.

I have understood all rules and regulations and I will abide with them.

Signature: Date:

FOR OFFICE USE ONLY

Registration No.

Date Received: