

Application Number: _____



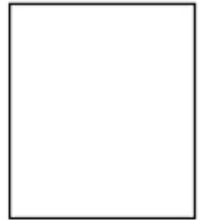
JROP INSTITUTE OF ECHOCARDIOGRAPHY, ULTRASOUND, AND VASCULAR DOPPLER,
C-1/16, ASHOK VIHAR, PHASE II, DELHI 110052
1-YEAR DISTANCE EDUCATION CERTIFICATE COURSE WITH
PARUL UNIVERSITY, VADODARA, GUJARAT



Application for Admission to
PG Certificate Course in Health Sciences (Clinical Echocardiography) 2025-2026
Mobile: 9560188488, 9811013246
Email : echocourse@gmail.com , rakeshecho@gmail.com , Website : www.echocourse.in , www.jrop.in

Registration Form

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



*Name:
*DOB: *Gender:
*Qualification:
*Residential Address:
.....
*State: * Pin Code: *Courier Service:.....
* Mobile with country code: What's App No:.....
* E-mail: *Bank Transfer Amount:
*Bank Details:
*Blood Group:.....

*Xerox of: MBBS , MD / DNB (Medicine/ Pediatrics / Anesthesia/ Critical Care / Emergency Medicine / Family Medicine / Chest Medicine)

*Xerox of PAN card , Aadhar card

*Xerox of the State Council Number

*(All self attested & stamped copies only)

All names, State, and State medical council numbers as per certificates. Alteration in the certificate is not permissible after registration.

Registration is on first cum first serve basis. Only 35 Registrants in each course.

***Changes /postponement or cancellations are not permitted once a registration is confirmed.**

Declaration

I hereby confirm that the information provided above is true and accurate. I agree to abide by the rules and the no-cancellation /postponement policy.

Signature:

Date:

FOR OFFICE USE ONLY

Registration No.

Date Received: