

"JROP INSTITUTE OF ECHOCARDIOGRAPHY , U/S & VASCULAR DOPPLER "

"JROP INSTITUTE & RESEARCH CENTRE LLP "

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

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



Hand's on Session ,
04th April to 07th April , 2024

***Accreditations :**

International Society of Cardiovascular US , Alabama, USA

Indian Academy of Echocardiography

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.....

*Mailing Address:

State: Pin Code: *Courier Service :

* Mobile with country code :whatsapp No:.....

* E-mail:*Bank Transfer Details with date of transfer.....
(If fee outstanding)

*Xerox of : MD / DNB (Med/ Paed./ Anaesthesia/ Critical Care / Emergency medicine /
Family medicine / Chest medicine)

*Xerox of PAN card

*Xerox of State Council Number

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

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

Signature: Date:

Cancellation Policy : 50% Deduction Before 1st -03-2024 , 100% Deduction (No refund) after 15th March .2024

FOR OFFICE USE ONLY

Registration No.

Date Received: