

"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

46th COMPREHENSIVE COURSE ON ECHOCARDIOGRAPHY

On Line / Onsite Course

***Accreditations :**

International Society of Cardiovascular US , Alabama, USA

Indian Academy of Echo

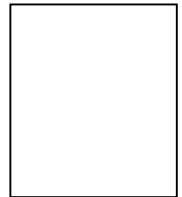
Delhi Medical Council *

State PC-PNDT officer , Govt of Delhi & NCR.

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 Amount

*Bank Details :

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

*Xerox of PAN card

*Xerox of State Council Number

*Visiting Card

*(All self attested & stamped, without attested / stamped form shall not be acceptable)

*Send 2 copies of registration form along with other documents

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:

FOR OFFICE USE ONLY

Registration No.

Date Received: