

HEALTHSCAN

EARLY DIAGNOSIS PROMPT TREATMENT

N8/295-1-U, BHU Rd, near Upkar Hospital, Opposite Upkar Hospital, Brij Enclave Colony, Sundarpur,
Nagwa, Varanasi, Uttar Pradesh 221005

Ph. 8188088511, 8188088512 | Email: healthscan.care@gmail.com

For Office use only:

Registration No.:

Kindlynote:

Form(s) are to be filled in BLOCK LETTER

Course:

Fellowship in advanced fetal and Gynae Radiology (6 months)

Affix
PASSPORT SIZE
Photograph

1. Name (as per Degree Certificate) :

1.1.PAN No. :

1.2.Aadhaar No. :

1.3.GST No. (if applicable) :

2. Permanent Address :

Street :

Area :

City :

Zipcode :

State :

Country :

Phone.No :

Residence : STD / ISD _____ Tel: _____

Hospital / Office : STD / ISD _____ Tel: _____

Mobile No : _____

Email : _____

3. Date of Birth : ____ DD ____ MM ____ YY

4. Sex : Female _____ Male _____

5. Nationality : Indian _____ Others _____ If others specify _____

6. Academic Qualification : _____

Degree	Name of Degree	Name of Institution	Name of University	Date of Completion of the Course. Month & Year of passing	Class or % of Marks
U.G.					
PG Diploma					
PG Degree					
Higher Speciality					

7. Academic Distinction / Publication etc :

8. Medical Council Registration Certificate – To enclose copy :

9. Present Occupation / Address

Telephone & Mobile No.
Email I D

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Whether in service/Private Practice :

10. Previous ultrasound experience if any :

11. Objective of Joining the Course :

12. Name two referees in your field of profession and their contact numbers and addresses.

1.

2.

Note: The candidates are requested to send the following along with the application form.

1. Xerox copies of certificates i.e. UG, PG degrees and State Medical Council registration (both UG and PG)
2. One passport size photo (to be affixed in the front page)
3. The soft copy of the documents may be emailed to healthscan.care@gmail.com

(Your registration will be completed only on receipt of the above documents.)

Date

Signature of the Applicant

For Office use only

Payment Details	R.No	Date	Bank, DD.No & Amount
Application Fee			
Advance Fee			
Balance Fee			
Name of the course applied for			

Verification of Certificates (original):