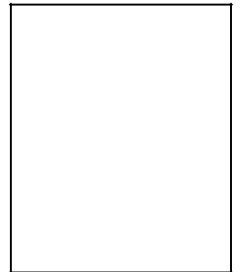




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Application Form

Photo



Name: _____

Age: _____ Gender: _____

Permanent Address: _____

Correspondence Address: _____

Mobile number: _____ Email id: _____

Qualifications: _____ Speciality: _____

State Medical Council: _____ Registration number: _____

Course applied for: *(please "tick" the programme applied for)*

- *Fetal Medicine Training Programme*

Payment Details:

Netbanking (NEFT) -- Transferred from (Bank name): _____ Date: _____

Reference no. (NEFT): _____

Demand Draft -- DD issued by (Bank name): _____ Date: _____

DD Number: _____



✚ *Please see the next page for complete list of documents to be sent.*

✚ *Only those registered medical practitioners with MD / DNB / DMRD / DMRE qualifications in the speciality of Radiology are eligible to apply for Fetal Medicine Training Programme.*

List of Documents

Scan and upload the following documents as an email attachment and send them to: admissions@scholar.md.in with the subject title as "(Programme Title) - (Your own full name)" e.g. "Fetal Medicine Training Programme - Dr. Amit V. Sharma". Application should be sent only via the personal email id of the applicant, and the same shall be used for future correspondence.

1. Completed Application form
2. Declaration by the applicant
3. Passport-sized photo (in addition to the one pasted on the application form)
4. Degree certificate -- graduation
5. Degree certificate -- post-graduation
6. Medical Council Registration certificate
7. Copy of DD (not applicable if payment made via netbanking).

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