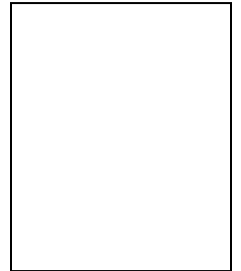




Application Form

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 course applied for)*

(i) Fetal Medicine Training Programme

(ii) Gynaecological Ultrasound 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 below the list of documents to be attached)***

List of Documents

Scan and upload the following documents as an email attachment and send to:

admissions@scholarmd.in with the subject title as "(Course Name) - (Your own full name)" e.g. "Gynaecological Ultrasound 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. Completed Declaration form
3. Degree certificate -- post-graduation
4. Medical Council Registration certificate
5. Copy of DD (not applicable if payment made via NEFT / RTGS / IMPS).

Note: Only those registered medical practitioners with MD / DNB / DMRD / DMRE qualifications in the speciality of Radiology are eligible for Fetal Medicine training programme / Gynaecological Ultrasound Training Programme.