



HEALTH CARE

33/1, Northern Avenue, Near 7 Tanks, Paikpara, Kolkata - 700 030
Phone: 2556-8588

Application Form Ultrasonography Training Programme

Name of the Course : Ultrasonography Training Programme for Medical Graduates.

Session :

1. Name of the applicant :

2. Name of Father/Husband :

3. Date of Birth :

4. Nationality :

5. Address :-

a). Temporary :

b). Permanent :

6. Contact Number:-

a) Phone :

b) Mobile :

7. Qualification :

8. Medical Council Registration

Number :

Signature of the applicant.

Date :

Place :

Note : a) Attach self attested photocopy of graduation
b) Certificate & Medical Council Registration Certificate.