



**ULTRASOUND, VASCULAR DOPPLER, ECHOCARDIOGRAPHY TRAINING CENTER**

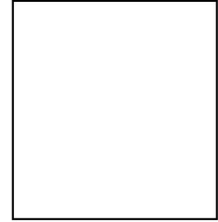
11/5 First Street, Alamelumangapuram, Behind Sai Baba Temple,

Near P.S. Senior Sec. School, Mylapore, Chennai-600 004.

Phone: +91-44-24618003

Mobile: +91 9840074400, Email: [selvican99@yahoo.co.in](mailto:selvican99@yahoo.co.in),

Website: [www.selviacademy.org](http://www.selviacademy.org)



**Photo**

**APPLICATION FORM**

(To be duly filled by the applicant in BLOCK LETTERS and posted at the above mentioned address by courier or registered post)

Name: Dr.....

Address:.....

.....

Phone No:..... E-Mail: .....

Nationality:.....

Qualifications: (Attach Photocopies)

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**Course options: (Please Tick)**

1. Only Abdomen ☐
2. Obstetrics and Gynecology (Including TVS) ☐
3. Abdomen and OBG ☐
4. Fetal Echocardiography ☐
5. Transvaginal USG Course ☐
6. High Frequency USG Course ☐
7. Vascular Doppler ☐
8. @Hyderabad ☐
9. IVF ☐
10. Adult Echocardiography ☐
11. Evening Courses ☐
12. Sonosalpingography Course ☐

**Mode of payment:** Demand Draft/Cheque/Cash/Online

Cheque/DD favoring selvischoolofsonology

Amount.....

D.D/Cheque No.....

Drawn on.....Bank. Dated.....

Any additional Information.....

**Online Detail:** Selvi school of sonology, HDFC Bank, Mandaveli Branch, Acc No: 50200005839201, RTGS/NEFT, IFCS: HDFC0001863

I agree to abide by the rules and regulations of the institute and do hereby state the above information given by me is true. Course fees should be paid in full amount. Once paid cannot be refunded. Kindly attach Xerox copy of MBBS degree certificate and permanent regd certificate photo

Date:

Place:

SIGNATURE