

MEDISCAN ALUMNI MEMBER DETAILS

NAME :

AGE :

ADDRESS

OFFICE :

TEL :

MOBILE :

RESIDENCE :

TEL :

MOBILE :

QUALIFICATION :

DESIGNATION :

RADIOLOGIST / SONOLOGIST / OBSTETRICIAN PRACTISING SONOLOGY

(If others please specify)

USG PRACTICE : **YEARS** :

SPECIAL INTEREST :

DURATION OF TRAINING AT MEDISCAN :

YEAR PASSED OUT :

Note: Please e-mail your recent photos to training@mediscansystems.org.